

**Free to Heal:**  
**Towards a Feminist Narrative Pastoral Theology and Praxis**  
**for Christian Survivors of Intimate Partner Violence**

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by  
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*To my mother, Susan—a fellow survivor of domestic abuse.*  
*Your incredible courage and resiliency to survive, resist, heal, and love*  
*is the foundation of this book.*

## Abstract

With one-third of U.S. women experiencing violence from a male intimate partner in their lifetime, this prolific reality is a crucial issue facing our society. Given that the Christian church remains the largest institution in America—and also represents the nation’s increasing socioeconomic and ethnic diversity—it is imperative that the role of religion in both perpetuating and providing solutions to intimate partner violence be addressed. Despite the fact that most faith-based victims seek care first—and often only—from clergy, there is a critical gap in the church equipping pastoral leaders to respond helpfully. Indeed, most pastors have no training in trauma-informed care for survivors, often yielding harmful results in their pastoral care. As first responders to domestic abuse, clergy must be equipped to utilize their vital role in supporting women towards safety, recovery, and healing from their profound trauma of abuse.

With the recent growth of research on the essential role of spirituality in the recovery of trauma within the fields of neuroscience, psychology, and religion, this dissertation addresses a specific research gap in understanding how Christian theology and practices of pastoral care can help faith-based women recover from intimate partner violence. I will present a feminist Christian pastoral theology and praxis based on my research with survivors engaging in a trauma-informed model of Christian prayer called Inner Healing. This dissertation, then, develops the concept of memory reconsolidation as a process of healing utilizing Christ-centered visualization prayer employing the survivor's imagination to re-process their trauma memories in the presence of God’s compassion and reform their identity as the *imago Dei*. The lens of neuroscience and spirituality are thus integrated in accessible ways to create a model of healing for faith communities to incorporate in their ministry with women survivors.

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Ally Moder  
Los Angeles, CA  
February 2019



## **Abbreviations**

IHP	Inner Healing Prayer
IPA	interpretative phenomenological analysis
IPV	intimate partner violence
PTSD	posttraumatic stress disorder
SRT	Shame Resilience Theory

# CHAPTER 1

## THE TRAUMA OF INTIMATE PARTNER VIOLENCE

### AND THE ROLE OF THE CHURCH

God is love. When we take up permanent residence in a life of love, we live in God and God lives in us. This way, love has the run of the house, becomes at home and mature in us, so that we're free of worry on Judgment Day—our standing in the world is identical with Christ's. There is no room in love for fear.

— 1 John 4:18 (The Message)

#### Introduction

The United Nations recently posited that “violence against women...is perhaps the most widespread and socially tolerated form of human rights violations. It affects women of all ages, race, culture and socio-economic situations.”<sup>1</sup> Intimate partner violence is the most prolific form of gender-based violence globally, with 1 in 3 women being impacted in their lifetime—and this only accounts for physical and sexual abuse.<sup>2</sup> Despite the public notion that this is an issue isolated to developing nations or certain minority groups, relationship violence is a deeply embedded, often hidden, and yet profoundly traumatic reality throughout our Canadian and American context. Given that the Christian church remains the largest institution in both Canada and the U.S.—and also represents the increasing socioeconomic and ethnic diversity of these countries—it is imperative that the role of religion in both perpetuating and providing solutions to

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<sup>1</sup> “Eliminating Violence against Women—it’s everyone’s responsibility,” *UN Women*, accessed May 22, 2018 <https://unwomen.org.au/our-work/focus-areas/eliminating-violence-against-women/>.

<sup>2</sup> “Facts and Figures: Ending Violence Against Women,” *UN Women*, accessed May 22, 2018 <http://www.unwomen.org/en/what-we-do/ending-violence-against-women/facts-and-figures>.

intimate partner violence be addressed when considering this vital topic in North America.<sup>3</sup>

This dissertation explores this intersection between the Christian faith and domestic abuse against women throughout Canada and the U.S. To do this I begin by defining intimate partner violence—often referred to as ‘domestic abuse’ or ‘domestic violence’—as an interchangeable term constituting the expansive phenomenon of one person utilizing power and control over their partner within a dating, cohabiting, or marital relationship. This includes physical, sexual, emotional/psychological, financial, and spiritual abuse—although the vast majority of the literature only reviews the first two, and sometimes the third, form of relationship violence. It is important to note here that men are also victims of domestic abuse and this truth necessitates further research and advocacy work; however, the vast majority of victims are women abused by their male partners and thus this remains the focus of my research.

Towards the aim of studying the role of Christianity—and more specifically, clergy—in providing support for women to recover from domestic abuse throughout Canada and the U.S., I begin this chapter by clarifying the five forms of intimate partner violence. Following this, I ground my project in our North American landscape by exploring the broad sociological landscape of domestic abuse and the impact of such trauma on victims. Next, I outline the extent and dynamics of relationship violence in the Christian church, and then examine the role of Christianity in both perpetuating abuse and helping abused women to recover. Finally, I consider the awareness and attitudes of

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<sup>3</sup> Nancy Nason-Clark, Barbara Fisher-Townsend, Catherine Holtmann, and Stephen McMullin, *Religion and Intimate Partner Violence: Understanding the Challenges and Proposing Solutions* (New York: Oxford University Press, 2017), 25.

both clergy and the larger faith community towards domestic abuse, ultimately presenting a case for the critical need of the role of the Christian church and its clergy to provide trauma-informed and spiritually-integrated pastoral care and counseling for female victims to heal.

### **Defining Abuse in Intimate Partner Violence**

What constitutes abuse? This simple question represents one of the greatest challenges to understanding intimate partner violence. The most common conceptualization of relationship abuse is depicted in the news through stories and images, such as the bruised wives of famous football players. What this inures in the population is the belief that *only* physical abuse represents intimate partner violence. This gross misconception dramatically impacts not only the statistics on this vital topic, but most importantly the lived reality of abused women and their opportunities for recovery. It is my hypothesis that many women experience relationship abuse without being cognizant of it due to their lack of awareness of the multivariate forms of abuse. Additionally, given that the central concept of domestic abuse is a pattern of power and control over another, it should be unsurprising that many women have been conditioned by their partner to not ‘see’ their abuse. Complicating the matter even further, most research and public definitions of abuse fail to limn the five forms of relational abuse: emotional or psychological, physical, sexual, financial and —the most frequently forgotten mode—spiritual abuse. What follows is a detailed explanation of these types of relational violence to aid in our understanding of intimate partner violence.

#### **Emotional Abuse**

Emotional abuse is a form of intimate partner violence that is described by survivors as more destructive than being physically hit and has devastating long-term effects. It can be defined as: “repetitive attitudes and behaviors that result in tearing someone down or inhibiting her growth... and is usually accompanied by a lack of awareness, a lack of responsibility, and a lack of change” on behalf of the abusive partner.<sup>4</sup> Emotional abuse includes verbal abuse and can be overt, such as: yelling, angry outbursts, making threats, blaming, constant judging and criticizing, name-calling, and ordering; to covert abuse, such as: lying, denying, minimizing, forgetting, blocking and diverting, discounting, neglect, abandonment, withholding or making jokes.<sup>5</sup>

Though emotional violence is likely the most common form of abuse, it is exceedingly difficult to acquire accurate statistics on it, as most people do not distinguish psychological abuse as a form of intimate partner violence. Still, existing research securely demonstrates that emotional abuse is a devastating act of intimate terrorism that leaves a woman deeply shamed in her identity—her sense of being or self—as her partner’s “emotional abuse systematically degrades, diminishes, and [may] eventually destroy the personhood of the abused.”<sup>6</sup> Over time a woman may internalize her partner’s abuse, believing as he says, that her perception of reality and her feelings are wrong. This is called crazy-making—or emotional gaslighting—as the abusive partner denies both his abusive behavior towards his partner, while presenting himself in public as charismatic and ‘normal.’ Additionally, it is important to know that emotional abuse is often

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<sup>4</sup> Leslie Vernick, *The Emotionally Destructive Marriage: How to Find Your Voice and Reclaim Your Hope* (Colorado Springs, WaterBrook Press, 2013), 11.

<sup>5</sup> Patricia Evans, *The Verbally Abusive Relationship: How to Recognize it and How to Respond*, expanded 2<sup>nd</sup> ed. (Holbrook: Adams Media Corporation, 1996), 77-100. Also noted in Beverly Engel, *The Emotionally Abusive Relationship: How to Stop Being Abused and How to Stop Abusing* (Hoboken: John Wiley & Sons, 2002), 10-12.

<sup>6</sup> Vernick, *The Emotionally Destructive Marriage*, 11.

unpredictable, intermittent with periods of calm where the abuser reaffirms his love and promises to change and then cycling back to exerting anger and control over his partner.<sup>7</sup> Finally, one of the most essential points to be aware of is that emotional abuse almost always precedes physical abuse in relationships and should be considered a serious act of violence from one partner to another.<sup>8</sup>

### Physical Abuse

While emotional abuse is almost always a precursor to physical violence, it is customarily when a woman's body bears the bruises inflicted by her partner that most people would acknowledge intimate partner violence has occurred. Indeed, it is perhaps the easiest type of abuse to recognize and document when welts and broken bones are reported in a doctor's case file. In fact, it is not uncommon for physical violence in intimate relationships to lead to death; in 2003 almost 1,300 women were murdered by their partner in the U.S.<sup>9</sup> While many women are worried about heart disease or cancer, the principal threat to a woman's health remains firmly in the form of physical violence at the hands of her male partner.<sup>10</sup>

There are many types of physical abuse, including—but not limited to—intentional acts of hair pulling, slapping, hitting, punching, slamming a woman against something, throwing her across the room, choking or strangling her, burning her, or having a knife or gun used against her.<sup>11</sup> Additionally, an abuser will often make threats

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<sup>7</sup> Vernick, *The Emotionally Destructive Marriage*, 11.

<sup>8</sup> Evans, *The Verbally Abusive Relationship*, 12-17.

<sup>9</sup> National Center for Injury Prevention and Control, *Costs of Intimate Partner Violence Against Women in the United States* (Atlanta: Center for Disease Control and Prevention, 2003), 43.

<sup>10</sup> National Center for Injury Prevention and Control, *Intimate Partner Violence: Fact Sheet* (Atlanta: Center for Disease Control and Prevention, 2010), 2. Accessed October 22, 2018 <http://www.cdc.gov/ViolencePrevention/intimatepartnerviolence/index.html>.

<sup>11</sup> M. J. Breiding, J. Chen, and M. C. Black, *Intimate Partner Violence in the United States—2010* (Atlanta: National Center for Injury Prevention and Control, 2014), 15.

of violence to cause fear and assert control over his female partner, as in emotional abuse. While the frequency and severity of physical violence can vary in any abusive relationship over time, it is essential to take any and every threat seriously. Alongside this devastating reality of women's lives, it is critical to know that a woman is *most likely* to be murdered by a partner *after* she leaves the abuser.<sup>12</sup> It should not be a surprise, then, that many women remain in abusive relationships to protect themselves and any children they may have.

### Sexual Abuse

Sexual abuse is undeniably one of the most prolific forms of relationship abuse with more than half of female rapes occurring from a male partner, and two-thirds of women in physically abusive relationships also experiencing sexual violence by their partners.<sup>13</sup> According to the U.S. Department of Justice, sexual abuse can be defined as “coercing or attempting to coerce any sexual contact or behavior without consent. Sexual abuse includes, but is certainly not limited to, marital rape, attacks on sexual parts of the body, forcing sex after physical violence has occurred, or treating one in a sexually demeaning manner.”<sup>14</sup> Again, as we think about abuse in its essential use of power and control over another person, it is paramount to remember that there are various forms of force. An abuser may employ physical force, but psychological or emotional coercion, manipulation, and threats of harm, and other forms of intimidation are additional types of force utilized to make a victim comply. Here it is critical to recognize that compliance is

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<sup>12</sup> Margo Wilson and Martin Daly, “Spousal Homicide Risk and Estrangement,” *Violence and Victims* 8 (1993): 3-16.

<sup>13</sup> Center for Disease Control and Prevention; Lauren Taylor and Nicole Gaskin-Laniyan, “Sexual Assault in Abusive Relationships,” *National Institute of Justice Journal*, no. 256 (2007): 12.

<sup>14</sup> U.S. Department of Justice, “Sexual Assault,” updated 2016, <https://www.justice.gov/ovw/sexual-assault>.

not the same as consent, and explicit consent must be given otherwise sexual contact, behavior or acts constitute sexual violence. In addition to physical sexual acts, sexual abuse also includes an individual's right to control the context and circumstances in which sexual activity occurs, and their access to birth control and condoms.<sup>15</sup>

As with emotional abuse, a significant step in addressing sexual abuse is the recognition that all experiences of this type of intimate partner violence be considered legitimately abusive. Moreover, sexual abuse is a particularly violating encounter in the embodied, private nature of this act, in addition to the public's role in placing blame on the survivor and not the abuser. This not only amplifies a survivor's difficulty in reporting and recovering from the assault, but as with emotional abuse, the failure of public recognition and the requirement for palpable evidence often yields the survivor's silence and her ongoing pain. Private means of recovery from sexual abuse are costly, and few women can afford such therapy to process her secret trauma.

While it may be debatable whether date rape is included within the bounds of intimate partner violence, due to its significant prevalence for the most common victims in our society—young adult females—I shall consider it. Indeed, much has been made of the topic in mainstream news the past few years, centered on the rape of female students on college campuses, particularly in the U.S—which is often committed by a current or former male partner.<sup>16</sup> While a common misconception is that these young women are somehow at fault due to their choice of clothing, consumption of alcohol, or presence at parties, it is critical to understand that unless an individual gives explicit and unforced verbal consent to sexual activity, all such sexual acts must be considered within sexual

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<sup>15</sup> Breiding, Chen, and Black, *Intimate Partner Violence*, 22.

<sup>16</sup> U.S. Department of Justice, *Sexual Assault Victimization Among College-Age Females, 1995—2013* (Washington, D.C.: 2015), 7.



abuse.<sup>17</sup> This illustrates a frequent issue within intimate partner violence: the notion that female victims are somehow to blame for the abusive actions of their male partners. Such a deleterious belief is embedded in our culture—and often in our faith communities—and represents an imperative call for truth to be declared: all forms of intimate partner violence are *always* the responsibility of the abuser.

### Financial Abuse

One of the invisible weapons in intimate partner violence is that of finances. One of the least recognized types of relational violence, financial abuse—sometimes called economic abuse—occurs in 99% of intimate partner violence cases.<sup>18</sup> Here we start to see that the coercive and controlling behavior of abusers is not binary but incredibly complex and interrelated; in fact, most survivors experience more than one form of abuse from their abuser.<sup>19</sup> Manipulation and control over a partner's finances are frequently used to prevent a woman from acquiring, spending, or maintaining money or other forms of financial resources. As an unseen mode of isolation, financial abuse effectively cuts her off from accessing means to leave the abuser and to recover. Indeed, the primary reason a woman does not leave her male abuser is due to financial abuse trapping her in a position of dependence on her male partner.<sup>20</sup>

This extremely common tactic includes both subtle and more overt instances of abusive behaviors that represent serious betrayals of a person's rights. Some examples of the insidious actions of financial abuse women experience are: having credit cards and

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<sup>17</sup> U.S. Department of Justice, *The Sexual Victimization of College Women*, Bonnie Fisher, Francis Cullen, and Michael Turner (Washington, D.C., 2000), 30-32.

<sup>18</sup> National Coalition Against Domestic Violence, "Facts about Domestic Violence and Economic Abuse," 2015, accessed October 22, 2018, [www.ncadv.org](http://www.ncadv.org).

<sup>19</sup> Breiding, Chen, and Black, *Intimate Partner Violence*, 24, 49.

<sup>20</sup> Allstate Foundation, "Silent Weapon: Domestic Violence and Financial Abuse Survey—2014," accessed January 24, 2018, <http://purplepurse.com/get-the-facts/about-the-allstate-foundation/financial-abuse-survey>.

loans taken out in her name without her consent; using her bank cards without her knowledge; being given an allowance and having purchases closely watched; manipulating her to sign loans, mortgages, or other financial documents; threatening her to coerce her into financial decisions; and preventing her from working or demanding she quit.<sup>21</sup> These illustrations of financial abuse depict the multifarious methods by which many abusers seek to control and coerce women into a dependency that obliterates their self-sufficiency. Such egregious abuse, though in some ways documentable, remains largely outside the public sphere of legal justice and thus is a powerful tool that can devastate women through a lack of food, medical care, clothing, and sustainable housing, resulting in poverty and homelessness. These barriers to meeting a woman's fundamental human needs severely impair a survivor's ability to achieve security and safety either within an abusive relationship or afterwards if she is able to leave.

### Spiritual Abuse

Many women of faith who experience relational abuse will encounter the deep wounds of spiritual abuse. This form of abuse remains largely outside the awareness of many clergy and victims, owing in part to the little research and few resources focused on the injurious reality of spiritual abuse.<sup>22</sup> Still, a recent psychological study found that women in complementarian relationships may be more likely to experience various forms of intimate partner violence.<sup>23</sup> Complementarianism is the theological view held by many conservative Christians that God created men to be the leaders of the household, thus

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<sup>21</sup> National Coalition Against Domestic Violence, "Facts about Domestic Violence and Economic Abuse."

<sup>22</sup> One of the few resources addressing spiritual abuse is a book by David Johnson and Jeffrey VanVonderen, *The Subtle Power of Spiritual Abuse* (Grand Rapids: Baker Publishing Group, 1991).

<sup>23</sup> Heidi Levitt, Sharon Horne, Emily Wheeler, and Mei-Chuan Wang, "Addressing Intimate Partner Violence Within a Religious Context," in *Spiritually Oriented Psychotherapy for Trauma*, ed. Donald Walker, Christine Courtois, and Jamie Aten (Washington: American Psychological Association, 2015), 212, 214.

instilling them with authority over their wives and children. Conversely, egalitarian theology purports that God created men and women fully equal and they are to co-relate in equal authority within intimate relationships. Whether aligning with either belief, the significant factor to keep in mind—as in all forms of abuse—is that abuse is about power and control *over* another person, and anyone can behave abusively. With this in mind, spiritual abuse in relationships can be articulated as the use of power and authority to dominate or control a partner through the use of spiritual, biblical, or other religious practices that minimize, deny, or harm a partner’s right to full equality.<sup>24</sup>

Spiritual abuse in our context of intimate partner violence, then, involves the demand for power and control by the male partner invoking a divine right to such a hierarchical stance over his female partner. Such exploitation consists of the abuser using theology or scripture to: deny a female partner the right to make decisions within the relationship or family; barring her from pursuing leadership in the church or public spheres; denouncing her personhood as less than his; blaming her for not submitting to his authority; threatening to abandon her for spiritual reasons; declaring her thoughts, beliefs, or actions as sinful or ungodly; and refusing for her to separate or divorce due to his abuse.<sup>25</sup> While such examples are not exhaustive, spiritual abuse is essentially the act of justifying one’s abusive behaviors through spiritual or biblical means; the effect of

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<sup>24</sup> Al Miles, *Violence in Families: What Every Christian Needs to Know* (Minneapolis: Augsburg Press, 2002), 36.

<sup>25</sup> Given that spiritual abuse as a component of intimate partner violence has long been overlooked by researchers and authors in this field, it is extremely challenging to find direct resources addressing this form of abuse. Still, while not specifically articulated as spiritual abuse, the broader ideas of using power and control over a spouse utilizing spirituality and/or religion are discussed throughout Catherine Clark Kroeger and Nancy Nason-Clark, *No Place for Abuse: Biblical and Practical Resources to Counteract Domestic Violence* (Downers Grove: InterVarsity Press, 2010). The reality of spiritual abuse is framed in broad strokes in Miles, *Violence in Families*, 52-79.

which is the breakdown of the survivor's identity as the beloved of God by attacking her perceptions of God and her self as God's good daughter.

As we have explored thus far, the nature of abuse within intimate partner relationships revolves around the use of power and control over another through emotional, physical, sexual, financial, or spiritual forms of abuse. With this knowledge of the multiple forms of intimate partner violence now established, I will next outline the astonishing rate at which women experience domestic abuse in Canada and the U.S.

### **The Sociological Landscape in Canada and the U.S.**

Intimate partner violence represents the greatest threat to the fundamental human rights and freedoms within both of these nations. Furthermore, domestic abuse is largely considered to be a gender-based form of violence as it overwhelmingly occurs as abuse by men towards their female partners. Statistics Canada found in 2013 that of the police-reported assaults against women, men were responsible for 83%, with 45% being disclosed by their female intimate partner.<sup>26</sup> In the U.S., results from the National Center for Injury Prevention and the CDCP revealed that about one-third of women are abused by their male partners,<sup>27</sup> thus revealing that domestic violence is one of the largest causes of injury amongst women in the U.S. The aforementioned reports also indicate that among homicides, women are most frequently murdered by their present or former male intimate partner. Despite these horrifying statistics, it is actually far more likely that the true numbers are significantly higher. Many women many not recognize their partner's behavior as abusive, and even those who do will often not report the violence due to fear of further abuse, self-blame, shame, or concern for their children.

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<sup>26</sup> Statistics Canada, "Family Violence in Canada," Ottawa: 2014, accessed January 24, 2018, <http://www.statcan.gc.ca/>.

<sup>27</sup> Breiding, Chen, and Black, *Intimate Partner Violence*, 27, 30.

## Trauma and Intimate Partner Violence

The suffering of intimate partner violence is undoubtedly life changing in complex and substantially harmful ways that frequently endure even years after leaving an abusive partner. Many women describe their experience of abuse as profoundly traumatic. Trauma expert, Judith Herman in her seminal book *Trauma and Recovery*, articulates the domestic abuse as extraordinary—although often common—experiences that overwhelm the victim’s normal coping abilities, removing their sense of control, connection with and ability to trust others, as well as rupturing her sense of meaning in life.<sup>28</sup> The core essence of a person’s identity is thus shaken to its core, rooting it in shame. Further complicating matters is the reality that trauma deeply impacts the brain, leaving the victim disorientated and confused due to the fragmentation trauma causes to memory.<sup>29</sup> The overpowering impact of trauma in relationship abuse, then, usually results in multivariate mental health and identity issues as the victim attempts to pick up the shattered pieces of their life, sense of self, and their body.

The deleterious effects of domestic violence are oftentimes revealed in the mind and body—not only in the injuries sustained directly by the force of the perpetrator—but also in the aftermath of the trauma of abuse. Potential health risks include: anxiety and mood disorders, depression, PTSD, eating disorders, substance abuse, problems sleeping, STIs, neurobiological disorders, gastrointestinal and gynecological disorders, and even

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<sup>28</sup> Judith Herman, *Trauma and Recovery: The Aftermath of Violence—From Domestic Abuse to Political Terror* (New York: Basic Books, 1997), 33.

<sup>29</sup> Herman, *Trauma and Recovery*, 45, 89; Daniel Siegel, *Mindsight: The New Science of Personal Transformation* (New York: Bantam Books/Random House Publishing, 2010), 156-159; Bessel A. van der Kolk, *The Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma* (New York, NY: Penguin Books, 2014), 60, 178.

suicide.<sup>30</sup> Socioeconomically, intimate partner violence is also strongly correlated with poverty, reduced access to critical resources, and increased risk to further relationship abuse.<sup>31</sup> To cement these dark realities, both Canada and U.S. governments report that one of the greatest risks to women's health is being murdered by her male intimate partner.<sup>32</sup>

While research across the board demonstrates that the primary commonality in domestic abuse is being female, this particular form of gender-based violence necessitates an understanding of the key factors that may make one particularly vulnerable. Age is a substantial aspect of relationship violence in that almost half of women first became victims between the ages of 18-24.<sup>33</sup> Ethnicity is another feature in this problem with the highest rates of victimization in Canada being amongst Aboriginal people,<sup>34</sup> and in the U.S., similarly highest within American Indian or Alaska Native women, followed by Black and then Latina populations.<sup>35</sup> What is unknown is the extent of how systemic racism, marginalization and oppression of these ethnic groups intersects with these reports of relationship abuse. While these statistics demonstrate that a disproportionate number of women of color are impacted by intimate partner violence, it is also critical to apply an intersectional lens to our context. From an intersectional framework we realize that the multiple structures of age, ethnicity, childhood experiences of abuse, ability, sexual orientation, class, and religion are all crucial aspects in shaping the

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<sup>30</sup> Jacquelyn C. Campbell, "Health Consequences of Intimate Partner Violence," *The Lancet* 359, no. 9314 (April 13, 2002): 1331-1336.

<sup>31</sup> Breiding, Chen, and Black, *Intimate Partner Violence*, 4.

<sup>32</sup> Nason-Clark et al., *Religion and Intimate Partner Violence*, 23.

<sup>33</sup> Statistics Canada, "Family Violence in Canada: A Statistical Profile, 2014," Ottawa, ON. <http://www.statcan.gc.ca/>; Breiding, Chen, and Black, *Intimate Partner Violence*, 3.

<sup>34</sup> Ibid.

<sup>35</sup> Breiding, Chen, and Black, *Intimate Partner Violence*, 27.

experiences of women and abuse.<sup>36</sup> Finally, with the increasing rates of immigration in Canada and the U.S. it is essential that the diverse voices of both the dominant Caucasian and minority women are heard as we navigate the complex landscape of intimate partner violence in our multicultural and yet predominantly Christian context.

### **Experiences of Intimate Partner Violence Within the Church**

With 66% of Canadians and 75% of the U.S. population recently identifying themselves as Christians, the church overwhelmingly remains the religious cornerstone of these nations.<sup>37</sup> The questions must be raised, then, about the intersections of religion—particularly Christianity—and the prolific reality of intimate partner violence in North America. First, it is critical to recognize that domestic abuse is not simply a problem that happens within secular relationships, but is similarly interwoven in the lives of Christian people. Once these national contexts of religious domestic abuse have been established, the role and extent of how religious beliefs and practices impact the lived experience of faithful Christian women must be explored.

While it is true that regular church attendance has experienced a decline in the last decade, a significant portion of these countries populations—ranging from an average of 27% in Canada to 46% in the U.S.—find strong meaning in Christian religious services.<sup>38</sup> One of the key ongoing debates is the extent to which domestic violence occurs within the church—a significant question given how influential Christianity maintains in our context. Within the U.S., Christopher Ellison and Kristin Anderson’s research in this field

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<sup>36</sup> Kimberlé Crenshaw, “Mapping the Margins: Intersectionality, Identity Politics, and Violence Against Women of Color,” in *The Public Nature of Private Violence: The Discovery of Domestic Abuse*, ed. Martha Albertson Fineman and Roxanne Mykitiuk (New York: Routledge, 1994), 93-118.

<sup>37</sup> Pew Research Forum “Canada’s Changing Religious Landscape,” Washington, D.C., 2013, accessed January 24, 2018, <http://www.pewforum.org/2013/06/27/canadas-changing-religious-landscape/>, and Pew Research Forum, “America’s Changing Religious Landscape,” Washington, D.C., 2015, accessed January 24, 2018, <http://www.pewforum.org/2015/05/12/americas-changing-religious-landscape/>.

<sup>38</sup> Pew Research Forum, “Canada’s Changing Religious Landscape.”

revealed that men who attended church services at least once a week were 49% less likely to perpetrate abuse against their partners.<sup>39</sup> Continuing their work, based on the 1987-88 USA National Survey of Families and Households—involving 13,017 participants—they discovered through new analysis of the data, that “men who attend religious services several times a week are 72% less likely to abuse their female partners than men from comparable backgrounds who do not attend services.”<sup>40</sup> Similarly, “compared with a woman who never attends religious services, a woman who shares similar demographic characteristics but attends several times a week is roughly 40%... less likely to be a victim of domestic violence.”<sup>41</sup> Ellison and Anderson suggest that religion may have a protective factor, such as through personal prayer or the view of marriage as a God-ordained sacred union combating against perpetrators proclivity towards violence. While their work suggests some protective element of faith communities against abuse, due to their lack of consideration of non-physical forms of domestic violence, their results are highly disputable given the variance of findings in other research.

The debate over whether churchgoing women experience less intimate partner violence is indeed broadly critiqued by other researchers in the field. The Christian Reformed church study of small random sample in North American in 1989 found that 28% of adults had experienced a minimum of one type of domestic abuse.<sup>42</sup> Drumm et al.’s (2009) U.S. study revealed much stronger rates, with a lifetime prevalence rate of Christian women being physically abused by their male partners equal to—or even higher

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<sup>39</sup> Christopher Ellison and Kristin Anderson, “Religious Involvement and Domestic Violence Among U.S. Couples,” *Journal for the Scientific Study of Religion* 40 (2001): 269-286.

<sup>40</sup> Christopher Ellison et al., “Race/Ethnicity, Religious Involvement, and Domestic Violence,” *Violence Against Women* 13, no. 11 (2007): 1105.

<sup>41</sup> Ellison et al., “Race/Ethnicity,” 1104.

<sup>42</sup> Ann Annis and Rodger Rice, “A Survey of Abuse Prevalence in the Christian Reformed Church,” *Journal of Religion and Abuse* 3, no. ¾ (2001): 7-40.



than—the general population. Their research was based on 1,431 Seventh-day Adventist church attendees in the Northwest. Wang et al. also discovered from their study of 1,476 Christian women in a large metropolis in the Southwest that 51% reported experiencing at least one form of physical, emotional, or sexual abuse.<sup>43</sup> And yet again, from a study of six hundred women in Arizona, it was reported that the 62% of women currently in abusive relationships regularly engaged in religious practices, with 42% weekly attending church.<sup>44</sup> These substantial rates of violence against women by their male partners in the U.S. reveal a strong correlation between religion and domestic abuse.

In Canada the research findings on the intersection of religion and abuse are chiefly the result of the groundbreaking work of Canadian sociologist, Nancy Nason-Clark, through the Religion and Violence Research Team she founded in 1992 at the University of New Brunswick. Through her decades of extensive studies on intimate partner violence and religion, she and her team are largely responsible for shaping the landscape this paper navigates within both Canada and the U.S. Nason-Clark's work revealed that a '*holy hush*' has permeated the majority of Christian literature concerning family and intimate relationships. This predominant silence on domestic violence is especially concerning given that women in religious communities are generally understood to be at equal risk of abuse. One such study completed by her team within the Atlantic provinces revealed that eight out of ten evangelical pastors had provided domestic abuse counseling, 70% of which was in regards to abusive husbands.<sup>45</sup> Pulling

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<sup>43</sup> Mei-Chuan Wang et al., "Christian Women in IPV Relationships: An Exploratory Study of Religious Factors," *Journal of Psychology and Christianity* 28, no. 3 (2009): 224-235.

<sup>44</sup> Wirthlin Worldwide, "Domestic Violence Survey: Executive Summary," Reston, 1999. This survey and executive summary made available by Ms. Peggy Bilsten, City of Phoenix Councilwoman.

<sup>45</sup> Irene Sevcik et al., *Overcoming Conflicting Loyalties: Intimate Partner Violence, Community Resources and Faith* (Edmonton: University of Alberta Press, 2015) 29.

back to a larger view of the nation, Nason-Clark discovered that about 35% of the over 2 million women who weekly attend a Christian church service, report abuse from their husband.<sup>46</sup> The prevalence of abuse would undoubtedly been even higher today if her research incorporated dating and cohabiting couples. Still, it is evident that domestic abuse is prolific amongst the Canadian Christian church, deeply impacting women of faith.

Ultimately, as both the American and Canadian research has revealed, intimate partner violence within Christian faith communities is at a comparable rate to the secular population, which is at a rate of about one in three women. Endemic to both secular and sacred contexts, then, Christianity has a definitive role in shaping the nature and dynamics of domestic violence and women of faith in both nations, to which I now turn our attention.

### How Christian Faith Impacts Abuse

The trauma of being abused by an intimate partner is profound and multifaceted, as noted earlier, but it is also important to recognize that Christianity adds an additional complexity affecting domestic violence. The various denominations, beliefs, practices, literature and sacred texts, along with the local contexts amongst churches across Canada and the U.S., constitute a deeply embedded cultural and personal religious dimension to the daily lives of faithful women. This significant contouring of the Christian faith has both beneficial and harmful effects on women experiencing relationship abuse and those attempting to recover.

### The Negative Effect of Faith on Intimate Partner Violence

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<sup>46</sup> Nancy Nason-Clark, "Religion and Violence Against Women: Exploring the Rhetoric and the Response of Evangelical Churches in Canada," *Social Compass* 43, no. 4 (1996): 515-536.

One of the most prominent negative aspects of the church in this area of abuse is that of gender roles and the idealization of marriage and the family.<sup>47</sup> This is witnessed in a small sample of ten abused Christian women in Memphis, Tennessee, who reported that traditional gender roles had the effect of hiding, or even heightening the violence, as well as keeping the women locked in their abusive marriage.<sup>48</sup> A sacred view of marriage, as held by these Conservative Christian husbands, emerged from the interviews as a sanctioning of abuse based on spiritual ideals. Overwhelming this sample also articulated women's submission as severely detrimental to the perpetuation of abuse. Gender dynamics were likewise identified as having played a considerable role in relationship abuse in a 2009 study of 1,431 church attendees.<sup>49</sup> Of particular note was the conservative church's emphasis on patriarchal power and control as contributing to increases in violence, as other research has discovered.<sup>50</sup>

Perhaps foremost in the damaging impact on intimate partner violence in the Christian church is the patriarchal theology and teachings utilized intentionally or otherwise to keep women with abusive male partners. Whether perpetuated through sermons, marriage and family counseling or courses, in pastoral care, or amongst the wider congregation, it is often communicated to women that they are somehow

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<sup>47</sup> Alice Yick, "A Metasynthesis of Qualitative Findings on the Role of Spirituality and Religiosity Among Culturally Diverse Domestic Violence Survivors," *Qualitative Health Research* 18, no. 9 (2008): 1289-1306; Nason-Clark et al., *Religion and Intimate Partner Violence*, 8-9.

<sup>48</sup> Nicole Knickmeyer, Heidi Levitt, and Sharon Horne, "Putting on Sunday Best: The Silencing of Battered Women Within Christian Faith Communities," *Feminism & Psychology* 20, no. 1 (2010): 94-113.

<sup>49</sup> René Drumm, Marciana Popescu, and Matt Riggs, "Gender Variation in Partner Abuse: Findings from a Conservative Christian Denomination," *Affilia: Journal of Women and Social Work* 24, no. 1 (2009): 56-68.

<sup>50</sup> Carol Cunradi, Raul Caetano, and John Schafer, "Religious Affiliation, Denominational Homogamy, and Intimate Partner Violence Among U.S. Couples," *Journal for the Scientific Study of Religion* 41, no. 1 (2002): 139-151.

responsible for their husband's abusive behavior, articulates Nason-Clark. She goes on to clarify that Christian women encounter:

explicit religious notions that make it especially difficult for [them] to see the full extent of their suffering or to sound out the call for help. Paramount among these are Christian notions of forgiveness and women's identity with Jesus the sacrificial lamb. Could battering be a religious woman's *cross to bear*?<sup>51</sup>

Additional key theological ideas internalized by Christian women that perpetuate domestic violence include female submission, reconciliation and peace, the importance of family, and divorce as sinful.<sup>52</sup> As one might expect, conservative and fundamentalist churches can be especially harmful to women as these communities commonly reinforce these theologies that subordinate women's abuse experiences to male authority. This tends to propagate women staying in abusive relationships as they are encouraged to forgive, submit, and suffer under their abusers, as well as to refrain from accessing external, secular support that might elevate their safety over other concerns. Interestingly, however, some research has revealed that religion and spirituality—even in conservative churches—are connected to positive effects on victims, even if they do not leave the relationship.<sup>53</sup>

### The Beneficial Impact of Faith on Intimate Partner Violence

How can Christianity help women who remain with abusive partners, or enable survivors to heal and recover? Significant research has been done on the benefit of religion and spirituality in both survival and resilience strategies to cope with the trauma

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<sup>51</sup> Nancy Nason-Clark, "When Terror Strikes at Home: The Interface Between Religion and Domestic Violence," *Journal for the Scientific Study of Religion* 43, no. 3 (2004): 304.

<sup>52</sup> Nancy Nason-Clark, "Christianity and the Experience of Domestic Violence: What Does Faith Have to Do With It?" *Social Work & Christianity* 36, no. 4 (Winter 2009): 379-393.

<sup>53</sup> David Katerndahl et al., "Effects of Religious and Spiritual Variables on Outcomes in Violent Relationships," *The International Journal of Psychiatry in Medicine* 49, no. 4 (2015): 249-263.

of abuse.<sup>54</sup> Faith can function to encourage women to leave their abusers, as 71% of Wang et al.'s 2009 study declared. Other recent research, such as a 2012 study by Anderson et al.'s of 37 female abuse survivors, expressed that their spirituality and religious beliefs provided them strength to triumph over the abuse, recognize positive elements of their suffering, and provide purpose and meaning to their lives. Amidst the overwhelming nature of the trauma of intimate partner violence, these women defended a belief in a loving God gave them the hope and strength to overcome their suffering. It is relevant to note that in this study only half of the women reported the church playing a critical role in their recovery, with the other half having relied on their personal relationship with God (outside the church), their family, friends, and professional help to heal. Their findings were concurrent with Drumm et al.'s 2013 study amongst 42 female survivors attending Seventh-day Adventist churches, who asserted that spiritual was vital in both coping with abuse, as well after they left. Religious practices such as reading Scripture, prayer, and viewing God as a present support were key, although some of the interviewees ultimately separated religious attendance from their spirituality due to their negative experiences in church.

It is my contention that much of the negative experiences of Christianity that promote intimate partner violence are due to patriarchal interpretations of the Bible, and that infusing egalitarian theology into the church would have a considerably positive impact. Evidence that supports this view can be found in much of the research previously stated that includes a critique of patriarchal theology. These include: Scripture that

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<sup>54</sup> A few of the recent research on spirituality and religion in recovering from trauma are: René Drumm et al., "God Just Brought Me Through It: Spiritual Coping Strategies for Resilience Among Intimate Partner Violence Survivors," *Clinical Social Work Journal* 42, no. 4 (December 2013): 385-394, van der Kolk, *The Body Keeps the Score*, and Katerndahl et al., "Effects of Religious and Spiritual Variables."

promotes equality and mutuality amongst the genders and in marriage; women in public, private, and religious leadership; and stories of men in the Bible who experience suffering due to injustice. Finally, Christian egalitarian and feminist theological interpretations can be used by churches to redeem the notions of suffering, forgiveness, submission, marriage and divorce, under the biblical framework that God opposes abuse.<sup>55</sup>

Despite the harmful effects of Christianity that function as a hindrance to domestic violence victims and survivors, the trauma of their abuse experiences can also be ameliorated by the faith. Women have found that reading the Bible from their own lens as a victim of abuse has enabled them to see God's deep compassion for those who are abused and oppressed. Texts that have been used against them by male pastors and their husbands to keep them quiet, submissive, and in the abusive relationship, have been reinterpreted with God's design for gender equality, value for human life and safety, and divorce as a means of protecting the abuse. Moreover, a spirituality rooted in the suffering Christ who suffers for, and with, abused women has given them the strength and hope to cope with—and recover from—their trauma. Ultimately, it seems, God can have the last, saving word, even when the church has failed.

### **The Role of Clergy in Responding to Intimate Partner Violence**

With the epidemic proportion of women throughout Canada and the U.S. who experience intimate partner violence both within and outside faith communities, the

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<sup>55</sup> These theological themes and others are explored in a number of books addressing intimate partner violence by feminist theologians, including: Kroeger and Nason-Clark, *No Place for Abuse*; Jeanne Hoelt, *Agency, Culture, and Human Personhood: Pastoral Theology and Intimate Partner Violence* (Eugene, OR: Pickwick Publications, 2009); Cooper-White, *The Cry of Tamar: Violence Against Women and the Church's Response* (Minneapolis, Fortress Press, 2012); Stephanie M. Crumpton, *A Womanist Pastoral Theology Against Intimate and Cultural Violence* (Basingstoke, UK: Palgrave Macmillan, 2014); and Elaine Storkey, *Scars Across Humanity: Understanding and Overcoming Violence Against Women* (London: SPCK, 2015).

profound trauma of their experience, and the impact of religion on abuse, it is no wonder that key leaders in both the social sciences and pastoral care have called out this issue as the preeminent pastoral concern of our society. Indeed, as the largest religion Christianity has an extensive impact on our culture, most especially amongst the local community. With a mission to cultivate shalom on the earth as Jesus did, pastoral leaders play a key role in caring for diverse populations and have great potential for effectively addressing domestic abuse.

### The First Stop: Clergy

When dealing with their experiences of relationship abuse, women frequently seek the counsel of a pastor. Research demonstrates that this is commonly the first—and perhaps only—stop for religious victims of domestic violence. One report found that 40% of physically abused women went to clergy for help.<sup>56</sup> In a later study of 5,700 Protestant pastors surveyed in Canada and the U.S., 84% had counseled a woman who had suffered physical violence by an intimate partner.<sup>57</sup> Another study of 350 female victims of domestic abuse revealed that 28% turned to clergy,<sup>58</sup> while a smaller study from 187 women discovered that 54% of faith-based victims and 38% of secular victims sought pastoral support.<sup>59</sup> More recent studies illustrate that approximately one in three received pastoral care for dealing with intimate partner violence—including women from various

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<sup>56</sup> Lee Bowker, “Battered Women and the Clergy: An Evaluation,” *Journal of Pastoral Care* 36 (1982): 226-234.

<sup>57</sup> J. M. Alsdurf and P. Alsdurf, “A Pastoral Response,” in *Abuse and Religion: When Praying Isn’t Enough*, ed. Anne Horton and Judith Williamson (Lexington: Heath and Company, 1988): 65-171.

<sup>58</sup> M. D. Pagelow and P. Johnson, “Abuse in the American Family: The Role of Religion,” in *Abuse and Religion: When Praying Isn’t Enough*, ed. Anne Horton and Judith Williamson (Lexington: Lexington Books, 1988): 1-12.

<sup>59</sup> A. L. Horton, M. M. Wilkins, and W. Wright, “Women Who Ended Abuse: What Religious Leaders and Religion Did for These Victims,” in *Abuse and Religion: When Praying Isn’t Enough*, ed. Anne Horton and Judith Williamson (Lexington: Lexington Books, 1988): 235-246.

ethnic backgrounds.<sup>60</sup> Importantly, Nason-Clark's research has included emotional abuse, with one survey finding that 98% of 300 conservative Protestant clergy had counseled women who had been verbally abused by their husbands.<sup>61</sup> Similarly, amongst 152 Korean American Protestant pastors surveyed, 93% had given care to a victim of domestic violence.<sup>62</sup> Clergy, then, often function as "first responders," most especially for religious women who are significantly less likely to see any secular care for abuse.<sup>63</sup>

### Problems with Pastoral Responses

Clergy are of utmost importance in the church's response to intimate partner violence, and yet, victims of abuse rate their effectiveness lower than other forms of support. Perhaps the largest reason for this ineffective—and at times, damaging—response to abuse is the paucity of awareness and training.<sup>64</sup> Clergy underestimating the scale of domestic abuse is a common occurrence,<sup>65</sup> as is the sense of being unprepared to respond to this critical issue.<sup>66</sup> This means that despite the often well-meaning intentions of pastoral leaders, they rarely speak about relationship abuse in the pulpit, and may be unhelpful or even harmful in their pastoral care response to victims.

A key way this lack of helpful clergy response in relationship abuse situations is illustrated in the overwhelming lack of pastors consulting with, and referring victims to, domestic violence professionals—with reports estimating less than 1% refer outside the

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<sup>60</sup> A. J. Weaver, D. B. Larson, and C. L. Stapleton, "Domestic Abuse and Religion," *American Journal of Psychiatry* 158, no. 5 (2001): 822-823; Drumm et al, "Gender Variation in Partner Abuse," 57; Jacqueline Dyer, "Calling Couples to Accountability—It's in the House," in *Responding to Abuse in Christian Homes: A Challenge to Churches and Their Leaders*, ed. Nancy Nason-Clark, Catherine Clark Kroeger, and Barbara Fisher-Townsend (Eugene: Wipf and Stock, 2011), 87-97.

<sup>61</sup> Nason-Clark, "Christianity and the Experience of Domestic Violence," 386.

<sup>62</sup> Y. J. Choi, "Korean American Clergy Practices Regarding Intimate Partner Violence: Roadblock or Support for Battered Women?" *Journal of Family Violence* 30 (2015): 293-302.

<sup>63</sup> Nason-Clark, "Christianity and the Experience of Domestic Violence," 381-382.

<sup>64</sup> Nason-Clark et al., *Religion and Intimate Partner Violence*, 68.

<sup>65</sup> Katie Homiak and Jon Singletary, "Family Violence in Congregations: An Exploratory Study of Clergy's Needs," *Social Work & Christianity* 34, no. 1 (2007): 18-46.

<sup>66</sup> Choi, "Korean American Clergy Practices," 293.



church.<sup>67</sup> The mutual distrust between professional and pastoral workers has a seriously detrimental impact on victims and survivors. Social workers, domestic abuse shelters, psychologists and therapists are reticent to connect women to clergy for fear they will be counseled to stay in abusive situations—often leading to ongoing abuse and even death. Likewise, most clergy do not make these vital referrals due to their belief in forgiveness, reconciliation, and the maintenance of marriage. This has yielded a gridlock for the considerable amount of women desperately seeking access to spiritually-integrated therapeutic counseling in the midst of crisis and recovery. Cooperative and respectful integration of religious and clinical interventions is a vital component of pastoral ministry that clergy must effectively utilize as they seek to address intimate partner violence.

### Spiritual Practices as a Key to Healing

A growing body of research on the essential role of spirituality in the recovery of trauma has been developing in neuroscience, psychology, and religion. This exciting new field of study reminds us that amidst the ethnically diverse Christian context in Canada and the U.S., spiritual practices may be a primary solution in building bridges between sacred and secular care for victims. Going back to Herman's treatise on trauma, a fundamental impact of intimate partner violence is the shattering of self: the loss of safety in the world, their framework for meaning-making, as well as trust in God and others. As Herman describes:

Traumatized people feel utterly abandoned, utterly alone, cast out of human and divine systems of care and protection that sustained life. Thereafter, a sense of alienation, of disconnection, pervades every relationship, from the most intimate familial bonds to the most abstract affiliations of community and religion... A secure sense of connection with caring people is the foundation of [personhood].

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<sup>67</sup> Nason-Clark et al., *Religion and Intimate Partner Violence*, 68.

When this connection is shattered, the traumatized person loses her basic sense of self.<sup>68</sup>

Fundamental to care and counsel for religious abused women, then, is nurturing a loving, secure attachment to self and God.

Herman's trauma work, alongside the most recent research by Daniel Siegel and Bessel van der Kolk in neuropsychology, have revealed that the embodied nature of trauma—as noted previously regarding the ongoing impact of abuse on victims—must be rooted in holistic practices of healing. As Christian pastoral care has been rooted for centuries in a wide variety of spiritual practices ranging from prayer, meditation, mindfulness, and breathing—all techniques affirmed by contemporary neuroscientific and social science research—there is ample evidence for the effectiveness of spirituality in recovery from trauma.<sup>69</sup> In light of the primary role Christian clergy play in the lived experiences of abused women, the evidence for spiritual practices as indispensable to coping and recovering from abuse presents a framework for pastoral training in clinically and spiritually-integrated, faith-based interventions of care. Here we arrive at a vital gap in the research surrounding spirituality and healing from domestic violence, as the vast majority of evidence-based research has centered on Buddhist or other non-Christian spiritual practices, despite the overwhelming majority of the Christian faith in our society. Thus, my primary research questions guiding this dissertation are:

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<sup>68</sup> Herman, *Trauma and Recovery*, 52.

<sup>69</sup> A few of the resources on the positive impact of spirituality in healing after trauma include: Edwin McMahon and Peter Campbell, *Rediscovering the Lost Body-Connection Within Christian Spirituality: The Missing Link for Experiencing Yourself in the Body of the Whole Christ is a Changing Relationship to Your Own Body* (Minnesota: Tasora Books, 2010); van der Kolk, 2015; Tameka Gillum, Cris Sullivan, and Deborah Bybee, "The Importance of Spirituality in the Lives of Domestic Violence Survivors," *Violence Against Women* 12, no. 3 (March 2006): 240-250; Dawnovise Fowler and Michele Rountree, "Exploring the Meaning and Role of Spirituality for Women Survivors of Intimate Partner Abuse," *Journal of Pastoral Care and Counseling* 64, no. 2 (Summer 2010): 1-13.

*RQ1.* What do the social sciences offer Christian clergy in understanding the complex recovery/healing journey for Christian female survivors of intimate partner violence?

*RQ2.* How might Christian spiritual practices—most particularly Inner Healing Prayer—facilitate survivors’ transformed sense of self/identity after abuse?

*RQ3.* How does Inner Healing Prayer enable each participant to restory and integrate their experiences of abuse with new, hopeful meanings?

*RQ4.* What would a trauma-informed, neuropsychologically and spiritually-integrated pastoral theological healing program for survivors involve? In other words, in light of the absence of a Christian-based domestic abuse recovery program for survivors, what would such a clergy and survivor-accessible program look like?

I believe now is the time when our society is at a critical turning point, finally ready to start addressing the prolific reality of intimate partner violence in our communities—and our churches. This study aims to provide robust insights into the complex nature of such abuse and the challenges and opportunities for recovery, as well as evidence-based research on the Christian spiritual practice of Inner Healing Prayer. This model of prayer involves utilizing one’s imagination to encounter Jesus in the midst of painful memories of abuse, empowering participants to see and hear how Jesus transforms their memory and thus, identity, through God’s compassionate love. My overarching purpose for this project is to take its findings and adapt this dissertation towards a free domestic abuse recovery course that would equip pastors to understand, work to prevent, and respond helpfully to situations of domestic abuse. Given the primary role clergy play in supporting faith-based survivors to heal, this program would

ultimately benefit the millions of women who struggle to break free from the pain and trauma of abuse from their male partners.

### **#MeToo and the Church: Breaking the Ongoing Silence**

Domestic abuse is not a new phenomenon—either in our society or the Christian church—so why this project? Why now? Back in 2006, U.S. activist Tarana Burke created the hashtag #MeToo to bring awareness to the daily reality of sexual assault and abuse experienced by women and girls—particularly those of color. Today #MeToo is part of a growing global movement awakening us to the horrifying acts of violence against women that permeate our lives. As gender equality increasingly becomes part of the public narrative in our society, there is a rallying cry of women being heard around the world to not only break the silence of assault and abuse, but to take action to stop it. As I write this, the Christian church in the West is undergoing a radical shift as silence breakers share their stories of domestic abuse within Christian relationships, and how problematic many clergy's responses have been in the midst of their suffering. It seems we are at a pivotal point in history for the church to speak out and actively resist the terrible injustice of violence against women.

#### **My Story as a Survivor**

I am a survivor of domestic abuse. I left my family, friends, and my job as a pastor in Canada to move to the U.S. for love. My American husband had wooed me with his discourse of our shared theological studies, passion for church work, and a vision of us as a happily married couple in ministry together. After our vows, I was shocked to immediately find myself in a very different situation. My new husband quickly became emotionally abusive after having displayed only charm, attentiveness, and romance in our

whirlwind courtship. Despite being a highly educated woman who has worked with trauma survivors around the world, I still struggled to recognize that my husband's actions were *abusive*, not just problematic. I had never had relationship violence explained to me in my youth group, in Bible studies, during my seminary training, or in our pre-marital counseling. After just five short months of marriage, thanks to the insights of some well-trained pastoral friends, my theological mentor, and married friends back in Canada, I realized that I had to leave my husband in order for the abuse to stop.

In my long road towards recovery, I discovered that 1 in 3 women—of all ages, and of every ethnicity, socioeconomic status, and geographic location—experience domestic abuse in their lifetime. Yet the Christian church is largely silent on this topic. I struggled to find resources that integrated robust theology with clinical psychology, to understand the trauma of abuse and to learn how to heal. I wanted to be faithful to God and to my theological training. But I also wanted to discover what evidence-based research had to say about recovery for survivors. Simple Christian platitudes weren't going to stop the terror I felt, knowing that my ex could find and kill me. (Not an uncommon situation for female survivors of domestic abuse.) And secular therapy wasn't going to help me address my quest to understand where God was in my trauma. I found a couple of books that incorporated good Christian theology with proven trauma-insights, but mostly I had to piece together my own domestic violence recovery program. With the help of friends, counselors, spiritual mentors, domestic violence shelters, spiritual practices, and tons of reading, I slowly found myself free to heal in the presence of God's transformative compassion.

I am a firm believer that the church can—and should be—a safe place for women to get practical, spiritually-integrated, trauma-informed information and resources on domestic abuse. This dissertation, then, aims to create a dialogue between my charismatic evangelical Christian spiritual background and the cognate disciplines of trauma studies, narrative therapy, psychology and neuroscience. For the purpose of exploring positive identity formation and re-formation by means of the healing practice of Inner Healing Prayer—an imaginative form of prayer rooted in the Christian Mystics—this research compares the use of participants’ ‘storied’ experiences and reflections with this mode of prayer with the stories of survivors of intimate partner violence. In so doing, I seek to provide a plausible argument for utilizing Inner Healing Prayer as an effective means of trauma recovery for female survivors. As this was one of the many tools I benefited from in my own recovery, I am cognizant that this shapes my research interests and my curiosity to engage in research centering on the imaginal capacity as a means of healing.

With this framework I bring together my interests in the use of narrative as a process of constructing meaning making with the Christian spiritual practice of Inner Healing Prayer as a prospective tool for transformative healing. I come to this study deeply embedded in the global evangelical church with almost twenty years of ministry experience around the world. I am also shaped by my own embodiment as a European Caucasian, heterosexual woman, who grew up in the socioeconomic lower-middle class in the western part of Canada. I was the second of four children in an emotionally dysfunctional family where all females except for myself were molested by my maternal grandfather. Gender-based violence has a long history in my family tree, and this project is part of my own journey to stop this traumatic lineage.

My experience of traversing the rough waters of recovery after domestic violence in a foreign country these past five years has led to a critical awareness of the embodied trauma of intimate partner violence and the struggle to coherently narrate a new, transformed sense of self as a survivor, and not a victim. Navigating the multivariate realm of identity reformation in light of psychological, spiritual, and theological practices of healing has brought me now to this research at hand. By the means of creating a conversation among the above named disciplines, I hope to offer a transformative practice of recovery that meshes with our postmodern context in which identity is socially constructed through the power of storying one's own experiences.

### **Towards Healing**

The reality of domestic abuse is a grave justice issue facing the local and global Christian church. My research project is centered on the hypothesis that Christian women survivors of intimate partner violence who practice Inner Healing Prayer will be empowered to re-narrate their sense of Self in compassionate ways that demonstrate integration of their trauma memories narratives within the new, preferred narratives of their whole self and life. Thus, I am employing the term 'healing' towards the concept of an *integrated self*; my proposal is that healing would involve the reframing, and reinterpretation of the fragmented, shame-based narratives of abuse towards an agentic, strong, and resilient self formed over time via Inner Healing Prayer. Pat Ogden brings helpful clarity to this neuropsychological concept of trauma memory and healing:

Successful integration enables clients to think about the past when they want or need to, and although doing so may cause them to feel sad or troubled to, it no longer hijacks their thoughts, emotions, and body to cause involuntary reexperiencing. Reminders of the trauma are manageable and do not disrupt daily

functioning. The memory of the trauma has become one of many memories—some good, some bad, and some neutral—that constitute any individual's life.<sup>70</sup>

As a trauma expert, Herman, articulates, the experience of IPV profoundly diminishes a female survivor's understanding of their Self—often noted in feelings of shame, guilt, anxiety and other negative affects—that are identifiable in the way she narrates her story of abuse. A sign of healing, then, is the survivor's ability to re-tell her abuse narrative in new ways that foster transformed meaning making of her Self, thus fostering well-being. However, this ability to re-story one's abuse narrative must be facilitated by intentional interventions that enable the survivor's fragmented and unprocessed trauma memories to be reconsolidated and stored in transformed ways.<sup>71</sup> My research hypothesis is that Inner Healing Prayer is a spiritual practice that can enable this transformative healing of Self to take place. This could be evidenced in a more coherent, cohesive survivor narrative that incorporates new meaning-making structures of their abuse experience, sense of self, intimacy with God, and resiliency in the world.<sup>72</sup>

### **The Journey Ahead: Outline of the Chapters**

In this dissertation I argue that ongoing engagement with Inner Healing Prayer will facilitate participants' healing from the trauma of domestic violence, as demonstrated in a positive transformation of their sense of self. In order to provide a firm foundation for this project, Chapter 2 explores the historical development of imaginative prayer in Ignatius of Loyola, as well as the modern history of Inner Healing Prayer in the 20<sup>th</sup> and 21<sup>st</sup> centuries. A Christian feminist theological critique rounds up this discussion by

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<sup>70</sup> Pat Ogden and Janina Fisher, *Sensorimotor Psychotherapy: Interventions for Trauma and Attachment* (New York: W. W. Norton & Company, Inc., 2015), 238.

<sup>71</sup> Siegel, 2010, 269; van der Kolk, 2015, 258.

<sup>72</sup> This concept of an 'integrated self'—where the trauma of IPV is reprocessed and understood within one's self concept in a more positive framework—will be explained in detail in Chapter 2.



revealing the challenges for women within the models of Ignatius and modern Inner Healing Prayer. Chapter 3 then employs sources from both Christian spirituality and psychology to explore in depth how our identity or ‘self’ is formed, how the trauma of abuse malforms personhood in shame, and how my model of Inner Healing Prayer nurtures healing for survivors. A pastoral theology and praxis for clergy will thus begin to form, followed in Chapter 4 where I continue developing insights for pastoral care and counseling with survivors by means of creating a conversation between neuroscience and Christian prayer practices. This chapter will further reveal the embodied impact of intimate partner violence, particularly as it effects the brain, memory and healing of survivors. I will also look at the vital role of narrating one’s abuse experiences, looking at narrative therapy to discuss the importance of survivors’ speaking out their trauma stories in the presence of compassionate others.

After exploring these understandings of domestic abuse and processes of healing, Chapter 4 clarifies my methodology and research design, specifically outlining my methodological choice of combining Narrative Analysis with Interpretive Phenomenological Analysis (IPA) in a critical-correlational approach. This section details my process of sampling and participation selection, data collection and analysis. The findings of this study are then presented in Chapter 6, revealing the three major themes of a trauma-informed self versus a transformed self through the use of participant’s stories in their healing journey of experiencing Inner Healing Prayer. Finally, Chapter 7 concludes with a working pastoral theological outline of a domestic abuse recovery program I have developed based off this study, that has positive implications for the field of pastoral care and counseling with survivors. Throughout this journey my hope is that

the Christian church—clergy, lay leaders and congregants alike—will be equipped and impassioned to not only break the silence of intimate partner violence, but to facilitate spiritual caregiving with survivors that empowers them to be free to heal.

### SUMMARY

The trauma of intimate partner violence pervades the social and religious context of Canada and the U.S., and as women are highly likely to seek the help of Christian clergy in responding to abuse, it is crucial they thoroughly understand the landscape of abuse in their congregation and community. As we have seen, however, despite Christianity playing the dominant role in shaping religious women's experiences of domestic violence, clergy are most often unprepared to help. Because faith is an integral part of their daily life, Christian women from diverse socioeconomic and ethnic backgrounds place a high priority on their relationship with God, seeking spiritual care to cope and recover. Sadly, the church's largely silent stance has communicated that domestic violence either does not happen or is acceptable. Equipping pastoral leaders to provide appropriate and helpful care is thus crucial in challenging and enabling the church to address intimate partner violence and help women to recover their self as belovedly created in the *imago Dei*.

## CHAPTER 2

### THE HISTORY AND DEVELOPMENT OF INNER HEALING PRAYER AND A FEMINIST CRITIQUE

Prayer is a new, gracious, lasting will of the soul united and fast-bound to the will of God by the precious and mysterious working of the Holy Ghost.<sup>73</sup>

— Julian of Norwich

#### Introduction

A central element of Christianity is that of spiritual formation, which I describe as a whole-person process of growth and development in relationship with the Trinitarian God towards the aim of forming disciples of Christ more fully in the *imago Dei*. While there are many dimensions of spiritual formation, this developmental journey of transformation as beings created in the image of God (Genesis 1-3), necessitates an ongoing, relational and integrated whole-body<sup>74</sup> process where both humans and God are intimately and intentionally involved. One essential component of spiritual formation that exemplifies this journey is the act of prayer. While there are many different types of Christian prayer, this dissertation is based off qualitative research employing a model of Inner Healing Prayer (IHP). IHP utilizes our God-given capacity for imagination and emotion to foster deep relationship with God, particularly by imaging Christ in past painful memories that need the compassionate, healing presence of Jesus. This chapter

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<sup>73</sup> Mary C. Earle, *Julian of Norwich: Selections from Revelations of Divine Love—Annotated and Explained* (Woodstock: Skylight Paths Publishing, 2013), 103.

<sup>74</sup> The importance of embodied spirituality is discussed in detail in Chapter 3 where neuropsychospirituality is explored through the lens of trauma theory, particularly as it relates to the malformation of self (or being) in light of the experience of intimate partner violence.

explores the history of Inner Healing Prayer as rooted in the Christian mystic, Ignatius of Loyola, followed by a review of the modern roots of IHP in the charismatic prayer models developed in the U.S. and Canada from the mid twentieth century to present day. Following this is a Christian feminist theological critique of two primary imaginative prayer models, thus providing a solid foundation for my own model of Inner Healing Prayer<sup>75</sup> that I developed for my research with Christian female survivors of IPV.

## IGNATIUS OF LOYOLA: EXPLORING THE HISTORICAL ROOTS OF IMAGINATIVE PRAYER

### Introduction

Throughout the history of Christianity there have been numerous iterations of prayer that utilize our imaginal capacity in various ways towards the aim of spiritual formation.<sup>76</sup> The most evident demonstration of the transformative power of imaginative prayer is arguably found in St. Ignatius of Loyola in his seminal writing, *The Spiritual Exercises*.<sup>77</sup> Through the variety of prayer practices Ignatius developed in the *Exercises* we see that he exemplifies a spirituality characterized by an imaginative embodiment of Christ that leads towards redemptive engagement in the world. Through this concept—which he articulates as the “contemplative in action”—Ignatius employs the imagination

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<sup>75</sup> My trauma and feminist-informed model of IHP is explained from a neuropsychological perspective in Chapter 4, and the model is outlined step-by-step in Chapter 7.

<sup>76</sup> From the ancient Jewish practice of Bibliodrama—an experiential technique of putting oneself in the Torah, and deeply engaging the chosen story and its characters in a personal way—to the Christian mystics—such as Julian of Norwich who had numerous mystical visions of Christ—to the modern day conceptualizations of Listening and Inner Healing Prayer (as I will explore later in this chapter), the Church’s history is rich with the use of imagination in spirituality. Ignatius’ writings and ministry, however, seem to be the clearest and most direct in the intentional use of the imagination and emotions in prayer, thus I have chosen to explore his work in detail here.

<sup>77</sup> The following section exploring the *Exercises* is based off of Ignatius of Loyola, *The Spiritual Exercises of St. Ignatius of Loyola*, Translated by E. Mullan (Grand Rapids: Christian Classics Ethereal Library, 2005). Retrieved from <http://www.ccel.org/ccel/ignatius/exercises.titlepage.html>.

as the definitive medium to intimately know self and God towards his ultimate purpose of inner transformation.<sup>78</sup> Through visual imagination, then, one can affectively encounter and be transformed by Christ within the memories of one's daily life, as well as the memory of God transcribed in Scripture.<sup>79</sup> An exploration of how Ignatius utilizes these themes of employing the capacities of imagination, affect, and memory in the *Exercises* is the objective of this paper. Beginning with a look at Ignatius' personal story as the grounding for his indispensable tome on spirituality, followed by an investigation of his utilization of imagination as his primary framework for contemplative prayer, we will conclude with a discussion of Ignatius' vision of transformation.

### The Story of a Saint

Ignatian Spirituality has had an enormous impact on the vibrancy and depth of Christian spirituality across the centuries. At the heart of Ignatius of Loyola's infamous writing, the *Spiritual Exercises*—where he first developed the Daily Examen—and woven throughout the Jesuit order he later founded, is a man devoted to union with Jesus characterized by an inextricable quest to know self and to know God.<sup>80</sup> Prior to these extraordinary examples of his vocation as a priest and theologian, Ignatius was a soldier. Born in 1491 in the small town of Azpeitia in northern Spain close to France, Ignatius came from a noble, but not wealthy, Spanish family and was thus in need of

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<sup>78</sup> Robert J. Egan, "Jesus in the Heart's Imagination: Reflections on Ignatian Contemplation," *The Way Supplement* 82 (1995): 65; Louis Dupré and James A. Wiseman, eds., *Light from Light: An Anthology of Christian Mysticism*, 2<sup>nd</sup> edition (New York: Paulist Press, 2001), 284-306.

<sup>79</sup> Brendan Byrne, "'To See With the Eyes of the Imagination...': Scripture in the Exercises and Recent Interpretation," *The Way Supplement* 72 (August 1991): 3-19; Egan, "Jesus in the Heart's Imagination," 68.

<sup>80</sup> John J. English, *Spiritual Freedom: From an Experience of the Ignatian Exercises to the Art of Spiritual Guidance*, 2<sup>nd</sup> edition (Chicago: Loyola University Press, 1995), 251.

employment.<sup>81</sup> After serving four years in the army, he was seriously wounded in 1517 when he took a cannonball to the leg, effectively ending his career.<sup>82</sup> During his painful year-long convalescence in Loyola, Ignatius reads two important books that lead him to a profound spiritual conversion: Jacobus de Voragine's *Golden Legends* and Ludolph of Saxony's *Life of Christ*.<sup>83</sup> These books gave him insight into the lives of the saints and of Christ, spurring him to become a devout follower intent on devoting the rest of his life to serving Christ.

### Visions

Central to Ignatius' sudden conversion and the development of his spiritual formulation as evident in his *Spiritual Exercises*, were a number of visions he had during his painful recovery and subsequent pilgrimage to Montserrat and Manresa. During a particularly perilous part of his convalescence Ignatius experienced a vision of St. Peter coming to him and healing him.<sup>84</sup> Another transformative vision occurs during his recovery, as Ignatius' sees Mary holding the infant Jesus and he is filled with shame over his sin. This amounts to a conversion experience, and is echoed by his following pilgrimage to a Benedictine monastery in Montserrat where he encounters another vision of the Virgin Mary and the Christ child during an all night prayer vigil. Ignatius' pilgrimage to the Holy Land was further interrupted by a series of visions he had in the nearby town of Manresa where he spent the next year, much of it praying in a cave. Here

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<sup>81</sup> Robin M. Maas and Gabriel O'Donnell, eds., *Spiritual Traditions for the Contemporary Church* (Nashville, TN: Abingdon Press, 1990), 171.

<sup>82</sup> Maas and O'Donnell, *Spiritual Traditions for the Contemporary Church*, 172.

<sup>83</sup> Ibid.; Javier Melloni, *The Exercises of St. Ignatius Loyola in The Western Tradition* (Leominster: Gracewing, 2000), 1-2.

<sup>84</sup> This section is based off John M. McMannon, *The Texts and Contents of Ignatius Loyola's "Autobiography"* (New York, NY: Fordham University Press, 2013).

he experienced the Christ child directing him to write down what became the *Spiritual Exercises*.

Further cementing Ignatius' mystical spirituality in its vital use of the imagination in prayer were several additional visions of Christ he had while at mass in Manresa. Christ appeared to him as a blinding light, in a powerful image of Christ's humanity, and his embodied presence in the Eucharist. These unforgettable encounters of Christ continued years later after his theological studies to become a priest. Ignatius had developed a following and was traveling to Rome to come before the Pope when he stops to pray at a chapel and again receives a vibrant vision of Christ, this time affirming his work and calling to serve God. These salient events made an indelible imprint on Ignatius' soul, culminating in a unique spirituality that laid the groundwork on which he built the Jesuit order, which became known for forming mental images through imaginative prayer. Ultimately, Ignatius' *Spiritual Exercises* was centered on a two-fold vision of knowing self and knowing God—towards the goal of personal, inner spiritual formation to become more transformed into the *imago Dei*—and thus this work represents the first clear Protestant Christian model of inner healing by means of the imagination and use of emotions, which I will now explore in more depth.

### **The Spiritual Exercises**

Infamous for his embodied spiritual practices, Ignatius' *Spiritual Exercises* weaves together Scripture readings, prayers, meditations, contemplations, and direction to nurture one's union with God and discernment of God's will. As Ignatius' stated, the aim of his program was "the conquest of self and the regulation of one's life in such a way that no decision is made under the influence of any inordinate attachment" (*SE* 21).

His words reveal an essential theme to his work: inner transformation through discerning between good and evil desires so we can truly embrace God's good will for us.<sup>85</sup>

Designed to be a 30-day spiritual retreat for his Jesuits, Ignatius pulls together numerous prayers, meditation, and biblical texts with the aim of cultivating deep awareness of the self and profound experience of God's deep love for us. He breaks down his model into a weekly theme, structured to enable the Spiritual Director to adapt the various practices to the unique needs of the individual participant. Ignatius initially intended the *Exercises* to be a four-week retreat; a framework of practices pursued by an individual under the guidance of a Spiritual Director. Each week was structured by a different theme: the gravity of sin, the life of Christ, the passion of the cross, and Christ's resurrection.

Through this progression Ignatius believed one could empty the self of all desires not of God, thus enabling one to discern and live out the will of Christ in every part of one's life.

Week 1 centers on the theme of sin, and involves meditations on the crucifixion and Cross of Christ, calling the participant to speak to Jesus on the Cross in the midst of his angst and terrible physical suffering. Ignatius also draws the participant into a vivid imagining of the terror of the souls in hell. Both of these exercises involve the full embodiment of the five senses: sight, sound, touch, taste, and speaking. In this way, Ignatius brings his participants on a fully embodied journey of enabling the whole self to encounter the real and immanent presence of God by entering into both specific biblical texts, while also involving the unique memories of the participants. In this week, as the participant speaks to the suffering, bleeding Christ, and witnesses the immense terror of the consequences of sin—hell—the participant is intended to have a powerful revelation

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<sup>85</sup> Maas and O'Donnell, *Spiritual Traditions for the Contemporary Church*, 179.



of the weight of their own, personal sin. Importantly, this awareness is to be cultivated with a strong encounter of God's abundant love for us in choosing the suffering of the Cross to free us from our sin.

As the participant moves to Week Two of the *Spiritual Exercises*, the theme is now the life of Christ as represented in the Gospel narratives. Here the participant is to imagine the incarnation as Mary holds the infant baby Jesus, again revealing the great love of God in coming to earth to free us from our sin. Reflections also include meditating on Jesus' baptism whereby the participant may realize that while Jesus did not need to be baptized, he did so as the Second Adam to enable us to recognize that we, too, can be called, "My Son, with whom I am well please." As the Spiritual Director meets with the participant throughout the week, they may also reflect on the ministry of Jesus and how the participant is called to respond to God's loving action through their personal discipleship and carrying on the ministry of Christ in the world.

The passion of Christ represents the focus of Week Three, and dramatic scenes are set by Ignatius for his participants. The narratives range from the unjust sentencing of Christ, the horrendous burden of carrying the Cross through the streets with Mary looking on in great pain, the nails piercing Jesus' flesh and the spear opening up a wound in the crucified Christ. This week participants delve into the graphic and intense suffering of the Godhead in the person and body of Jesus Christ. Again, the overarching frame for Ignatius is the employment of the imaginal capacity of the participants to both enter into the biblical scenes as though they had been present in the passion of Christ, and in doing so, to imaginatively reflect and gain awareness of their own sin and falling short of the glory of God. As one encounters the horrors of the Cross for the innocent Christ, the

participant is too be humbled by the love of God so extraordinary and beyond what we could possibly merit in our own right.

Finally, in Week Four the theme moves to the resurrection of Christ as new life and hope bursts forth from the depths of hell whom Christ conquered. The consequences of our human sin, being death, no longer hold us. Participants, then, reflect on their own and with their Spiritual Director, as to the meaning of the resurrected Christ and the unique calling of the participant to co-labor with Jesus in building the Kingdom of God on earth. Here, especially, we see Ignatius' critical fruit of the Holy Spirit healing participants from their sin and its suffering impact, by enlivening us as disciples of Christ to carry on God's ministry of reconciling all to everlasting life.

### **Imagination and Emotions**

While Ignatius is certainly not the first to employ imagination in prayer, his *Spiritual Exercises* articulates the role of imaginative prayer most clearly amongst his fellow mystics. A common attribute of the mystics is, indeed, the experience of visions—as witnessed in the lives of Hildegard of Bingen, Julian of Norwich, and Theresa of Avila, for example. What sets Ignatius' *Exercises* apart is his focus on the *intentional* use of the imagination in prayer, as opposed to mystical imaginings. If we think of mystical visions as unexpected images from God interrupting us in prayer, dreams, or regular life *through* our imagination, then what Ignatius does is reverse this process.<sup>86</sup> At the heart of his *Spiritual Exercises* is the key concept of deliberately imagining oneself in God's presence in an embodied, affective way.<sup>87</sup>

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<sup>86</sup> Melloni, *The Exercises of St. Ignatius Loyola*, 26.

<sup>87</sup> Egan, "Jesus in the Heart's Imagination," 68.

As we have seen, both Ignatius' model of spiritual formation in *The Spiritual Exercises*, and the particular practice of The Daily Examen, make intentional use of humanity's imaginal capacities in connection with our emotions in the practice of prayer. Throughout *The Spiritual Exercises* Ignatius writes that we are to "taste and see the Lord's goodness," to speak directly to Christ on the Cross, to feel intensely the raw pain of Christ's wounds and the terror of sinners in hell, for example. His inner healing model—though centered on freedom from personal sin—represents a unique utilization of the imagination in Christian history. Similar to Jewish *midrash* and the practice of Bibliodrama—where individuals imaginatively enter biblical narratives as though they are embodying different character in the scene in order to deepen their experience and knowledge of God—Ignatius directs the imagination to creatively experience God in Scripture by meditation that employs one's affections—or emotions.

The participant is guided to the various practices in *The Spiritual Exercises* to embody the characters of the biblical scenes to such an extent that one's emotions cannot help but be deeply affected. The sorrow and grief of how our sin caused tremendous suffering to Jesus on the Cross is a common motif in Ignatius' ministry of healing. He even utilizes the concept of penance, encouraging his participants to induce their own physical suffering—thought not to the extent of causing illness or death—to better imagine the weight of our sin and the incredible love of God freeing us from death. Not only does Ignatius apply Scripture to this journey of inner transformation, but through the Daily Examen, participants become attuned to their emotions as they re-image scenes from their day. As one tunes in to their emotions, they are better able to discern both their own sin and God's presence, ultimately re-forming them ever more into the *imago Dei*.

## Discernment

A key feature of Ignatius' program of spiritual formation is the idea of discerning our personal sin, and God's will for our daily life. Cultivating the daily habit of discernment is vital for Ignatius; he calls upon the imagination of his participants to pay specific attention to their emotions in this process of discernment. The two terms Ignatius utilizes are that of consolation and desolation. Consolation is the inner emotive spaces of feeling peace, happiness, joy, love, or any other fruits of the Holy Spirit within. This is not to say that one can only discern God's will when things are going well in their life, but rather that over time, as one gains deeper knowledge of their self and God—who directs our discernment through imaginative reflection on our different and complex emotions—to unfold the deeper truths within our self that connect with God's guidance to live a holy life. Conversely, desolation can be understood as spaces within the self where there is unrest, disease, perhaps sorrow, grief, or even intense suffering. In these interior spaces, God reveals through one's emotions his deeper highlighting of our sin or misalignment with God's will, thus enabling us to be transformed as God heals us through powerful imaginative experiences of God's loving presence.

### **Ignatius and the Use of Memory**

The use of imagination and emotion are employed by Ignatius in two primary ways: the act of placing oneself in scenes from Scripture, and the practice of re-envisioning personal memories. As we shall now discover, this provides an even more robust foundation for the roots of Inner Healing Prayer as found in Ignatius, given that my research on IHP involves survivors of intimate partner violence going back into their memories with God for their transformation as the *imago Dei*.

### Scripture as Memory

Ignatius utilized imaginative prayer as a method of structuring prayer in the *Exercises*; many of which were centered on various Gospel narratives. Through his own personal experiences of mystical visions, he discovered the transformative power of God interacting with our mind where images, memories, and emotions can become embodied spiritual experiences with the divine.<sup>88</sup> As ever, Ignatius' goal is to delve deeper into intimacy God. Following in the way of Francis of Assisi's use of imaginatively entering into scenes from Scripture four hundred years earlier, Ignatius continues and modifies this concept of engaging in biblical texts by strongly emphasizing awareness and reflection on the five senses towards inner transformation.<sup>89</sup> As he limns in the second week of the *Exercises*:

It is helpful to pass the five senses of the imagination through...contemplation, in the following way: The first point is to see the persons with the sight of the imagination, meditating and contemplation in particular the details about them and drawing some profit from the sight...The second, to hear with the hearing what they are, or might be, talking about and, reflecting on oneself, to draw some profit from it...The third, to smell and to taste with the smell and the taste the infinite fragrance and sweetness of the Divinity, of the soul, and of its virtues, and of all, according to the person who is being contemplated; reflecting on oneself and drawing profit from it...The fourth, to touch with the touch, as for instance, to embrace and kiss the places where such persons put their feet and sit, always seeing to my drawing profit from it (*SE* 46).

Such a profound linking of the human senses with reflection on self and God is illustrative of Ignatius' framework for contemplating Scripture.

With his method, then, the Jesuits and other lay people who undertook the *Spiritual Exercises*, either in its original month-long retreat or under the care of a

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<sup>88</sup> Egan, "Jesus in the Heart's Imagination," 64-66.

<sup>89</sup> Antonio de Nicolas, *Powers of Imagining: Ignatius of Loyola: A Philosophical Hermeneutic of Imagining Through the Collected Works of Ignatius De Loyola* (New York: State University of New York, 1986), 147.

Spiritual Director in the midst of their regular life, were led to envision themselves as actors in a variety of Gospel stories.<sup>90</sup> Ignatius thus integrated imaginative prayer with the power of affect by means of the five senses towards his aim of “bring[ing] all things into remembrance”—including the memory of Christianity as told in the biblical narratives.<sup>91</sup> This is demonstrated in the first week when participants are exhorted to imagine Christ’s crucifixion and to then *speak* to him on the Cross, followed by an extremely vivid exercises illuminating the *terror* of sinners wailing in hell (*SE* 32, 36). The second week moves on to focus on a contemplation of the mystery of the Incarnation, with a *vision* of the Trinity’s *compassionate* intervening on behalf of a broken world (*SE* 43). Progressing through the Gospels, a meditation on Christ’s Last Supper, passion, and death epitomizes God’s love for us, asks the participant to consider the *suffering* of the Trinity to illicit our appropriate *remorse* (*SE* 60). Finally, a meditation on Christ’s resurrection and appearance to the apostles invites the participant to actively engage in *love* and *serving* Christ in the world (*SE* 69-70).

These examples from the *Exercises*—with my added *emphasis* highlighting the interwoven use of our emotions and senses—demonstrate just a few of the practices that form Ignatius’ robust methodology of prayer. By inviting the contemplative sojourner into a thoroughly embodied journey of contemplation, the seeker of Christ attends particularly to both the positive and negative affects that emerge within the self amidst the scene.<sup>92</sup> As one recognizes and reflects on their various emotions, Ignatius hoped participants would gain awareness of self in intimate relation to God. In so doing, the sojourner employs their imagination to discern Christ’s presence, thus identifying areas

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<sup>90</sup> Melloni, *The Exercises of St. Ignatius Loyola*, 16-17, 33.

<sup>91</sup> de Nicolas, *Powers of Imagining*, 40.

<sup>92</sup> English, *Spiritual Freedom*, 81, 143.

for personal change and growth. Consequently, practicing the *Exercises* is to enact an ongoing dialogue with Christ with the intention of evoking deep affect that unites us with God, transforming us in the *imago Dei*.

### Personal Memories

The act of entering into Scripture as the *Spiritual Exercises* outlined intentionally utilized one's imaginal capacities in the process of transformation; however, Ignatius' interestingly applies a concept of memory that further expands the power of imaginative prayer. By drawing participants into God's memory of history as imaged in Scripture, Ignatius connects the memory of one's self with that of God's memory. This has powerful implications for the transformative power of imaginative prayer.

Given that Ignatius utilizes the phrase "bring to memory" consistently throughout the *Exercises*, it is essential to explore what he meant by this complex component of the brain distinct from the imaginal capacity. Catholic Professor of Church History, Dawn Eden Goldstein, describes Ignatius' use of memory in his spirituality as more than merely specific experiential memories, but as a term inclusive of *all* of one's experiences—whether we consciously remember them or not.<sup>93</sup> In this way, Goldstein postulates, Ignatius exhorts participants to bring all of one's self to God through imaginative prayer, offering one's full sense of identity as a sign of humility and vulnerability.<sup>94</sup> By drawing the participant into Scripture by setting the scene with our full senses, Goldstein sees Ignatius develop a key connection between our imagination and memory as an opening up of one's inner self to discern through affect the voice of self and of God.<sup>95</sup> Jesuit priest

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<sup>93</sup> Dawn Eden, *My Peace I Give You: Healing Sexual Wounds with the Help of the Saints* (Notre Dame: Ave Maria Press, 2012), 43.

<sup>94</sup> *Ibid.*, 2-3.

<sup>95</sup> *Ibid.* 115.

John English similarly proposed to Goldstein that Ignatius recognized the fluidity and incompleteness of memory, but understood that even forgotten memories still shape our embodied self.<sup>96</sup> By accessing one's own memory through awareness and reflection on one's affect through the *Exercises*, Ignatius embraces the notion that our memory can only be transformed by intimate union with the Divine through the bringing forth of our frail self into the active presence of Christ. This interactional conversation with the work of the Holy Spirit reforming our memory through our imaginal capacity is most uniquely present in Ignatius' practice of *The Daily Examen*.

### The Daily Examen

What many Christians refer to today as *The Daily Examen* is actually a contemporary modification of Ignatius' *Spiritual Exercises* that he translated into the daily lives of the Jesuits. As his most commonly known practice of prayer, *The Examen* is a review of the day's event whereby one pays particular attention to the different emotions evoked. As one uses their imagination to the review their day as if a film were running through their mind, prayerful reflection on the affect that emerges during this process is intended to reveal an individual's sin or shortcomings and Christ's will for their growth.<sup>97</sup> While Ignatius originally developed this practice to be led by a Spiritual Director, today it is often experienced individually as an end of the day prayer in order to reflect on one's day. Either way, a five-fold structure in the *Exercises* provides both the historical and modern day practitioner with a step-by-step method to follow. *The Examen* begins by recognizing the presence of God as you review your day: first with gratitude to

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<sup>96</sup> Indeed, contemporary neuroscience and trauma theory acknowledge that it is not uncommon for the brain to adapt to painful or traumatic events by blocking out memories. More on the neuroscience of trauma and memory can be found in Chapter 4.

<sup>97</sup> Maas and O'Donnell, *Spiritual Traditions for the Contemporary Church*, 194.



the Divine for all that was good, then by asking to discerning one's sin, followed by paying attention to one's emotions to reveal one's shortcomings, repenting of one's faults, and finally by resolving to renewed growth in the future (*SE* 29).

What sets *The Examen* apart from the other practices within the *Spiritual Exercises* is that rather than entering into scenes from Scripture, participants engage in an embodied experience of their own personal memories. Ignatius thus created a psycho-spiritual form of imaginative prayer that can be thought of as foreshadowing Freudian psychoanalysis.<sup>98</sup> In place of the therapist Ignatius places a Spiritual Director to guide the participant through the exercise, facilitating their awareness of images, senses, and affect to construct new meaning of the memories they are reflecting on. As such, *The Examen* again appropriates the imaginal capacity within Ignatius' primary theme of union with God through his persistent two-fold purpose of reflecting on self and discerning God's will.

This act of discernment is predominantly illustrated through Ignatius' concept of consolation and desolation as the terms for Ignatian discernment of spirits.<sup>99</sup> In the *Exercises* he writes, "consolation is when the soul is aroused by an interior movement which causes it to be inflamed with love of its creator and Lord, and consequently can love no created thing on the face of the earth for its own sake, but only in the Creator of all things" (*SE* 131). In contrast, he defines desolation as the "darkness of the soul, turmoil of the mind, inclination to low and earthly things, restlessness resulting from many disturbances and temptations which lead to loss of faith, loss of hope, and loss of

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<sup>98</sup> Karen B. Helmeke and Catherine Ford Sori, eds., *Therapist's Notebook for Integrating Spirituality in Counseling, Vol. 1: Homework, Handouts, and Activities for Use in Psychotherapy* (Philadelphia: The Haworth Press, 2006), 287-288.

<sup>99</sup> *Ibid.*

love. It is also desolation when a soul finds itself completely apathetic, tepid, sad, and separated as it were, from its Creator and Lord” (*SE* 131). In sum, Ignatius exhorted us to attune to our emotions as our primary means of discerning God’s action in our life. More than simply the idea that good spirits bring positive emotions and bad spirits bring negative emotions, spaces of consolation and desolation opened up within the self during reflection in the *Examen* are a means by which the Holy Spirit reveals where we are in relationship to God.

Essentially consolation and desolation act as an inner compass that directs our awareness to those things in our life and our self that draw us either towards or away from God.<sup>100</sup> As one gained awareness of their emotions through *The Examen*, the participant was guided to reflect on and interpret whether the movements of one’s affects were the fruit of “good spirits” or “evil spirits” and where it was leading you on your spiritual journey.<sup>101</sup> Sad or happy feelings may have emerged, but through prayerful reflection the participant would discern if this was simply a moment of human suffering or joy, the result of following Christ, or perhaps the consequence of sin. Again, Ignatius’ purpose in revealing these affective spaces through spiritual practices was the transformation of self ever more into the *imago Dei*. With the Holy Spirit insights revealed to the participant through *The Examen*, the individual could then would be re-envisioned with God’s love and further enabled to choose loving service to Christ and others.<sup>102</sup> Ultimately, this shows us again how Ignatian Spirituality clearly emphasized

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<sup>100</sup> Margaret Silf, *Inner Compass: An Invitation to Ignatian Spirituality* (Chicago, IL: Loyola Press, 1999), 67-78.

<sup>101</sup> English, *Spiritual Freedom*, 113, 207.

<sup>102</sup> Silf, *Inner Compass*, 218-219.

the transformative power of imaginative prayer by accessing the interconnected capacities of human imagination, affect and memory.

### Transformation

Ignatius' vision of transformation as he develops it in *The Spiritual Exercises* is that of a "contemplative in action."<sup>103</sup> It is a lifelong journey of discipleship framed by intense, deliberate cultivation of self-awareness through the medium of one's imagination to affectively embody the life Christ. Transformation for Ignatius, then, is an ongoing inner work of the Spirit as one actively engages in contemplative prayer to discern by means of one's senses their true affect; this enables the disciple to encounter Christ who forms and reforms their desires and agency. Simply put, it is the inner journey of being formed in the *imago Dei*. The fruit of this inner transformation is not only the discernment of God's revelation and redemption for one's self, but for God's "sacramental vision of reality" for the world.<sup>104</sup> As such, transformation for Ignatius is profoundly Kingdom-oriented as disciples of the *Spiritual Exercises* empty their own desires and will to be renewed in Christ's image as people who actively participate in Christ's earthly work for the glory of God.

### Summary of Ignatius

Ignatian Spirituality, as demonstrated in *The Spiritual Exercises*, represents a transformation of self through prayer practices that synthesize the capacities of imagination, affect, and memory. Decidedly 'eschatological' and 'messianic' at its core, Ignatius' vision of inner transformation is profoundly centered on a Christocentric re-formation of self and the world towards wholeness in relationship with God. This

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<sup>103</sup> Egan, "Jesus in the Heart's Imagination," 64-65; Dupré and Wiseman, *Light from Light*, 288.

<sup>104</sup> Egan, "Jesus in the Heart's Imagination," 70.

exploration of Ignatius illustrates his intentional utilization of the sacred imagination towards his vision of an inner journey integrating body, mind, and soul in an affective discernment of Christ that frees one to detach from their disordered desires and live a life of discipleship that also transforms the world.

## THE MODERN ROOTS OF INNER HEALING PRAYER

### **Introduction**

While we have explored the ancient roots of imaginative prayer in the Christian tradition of spiritual formation by means of Ignatius of Loyola, the modern development of the particular mode of prayer known as “Inner Healing Prayer” is birthed out of the charismatic movement in the United States throughout the 1960s-1980s. Numerous preachers and ministers were inspired by this charismatic revival to reclaim the transformative ministry of the Holy Spirit. Key figures such as John Wimber and later in the 90s, Neil Anderson, had a profound influence on this movement through their preaching and books: the former was known for facilitating people’s powerful encounters with the baptism of the Holy Spirit, and the latter for his writings on spiritual warfare. However, given that Inner Healing Prayer has a particular focus on the healing of memories, I have chosen to center my discussion of this spiritual practice on the writings and ministry of Agnes Sanford, Ruth Carter Stapelton, Leanne Payne, Francis and Judith MacNutt, Rick Richardson, and Brad Jersak. Each of these authors and ministers share a commitment to empowering people to encounter God’s healing power in their inner being as part of the ongoing ministry of the Holy Spirit today.

### **Agnes Sanford**

Born in the late 19<sup>th</sup> century, Agnes Sanford<sup>105</sup> is widely considered the mother of Inner Healing Prayer given her prolific influence on this specific prayer practice as it unfolded in the United States throughout the 60s to modern day. Married to a Protestant minister, Agnes suffered with serious, ongoing bouts of severe depression. At one point she met another Protestant minister who told her that the healing miracles of Jesus can still happen today. He laid hands on her and prayed for her physical healing from depression. For the next year Agnes Sanford daily prayed a prayer similar to this: “Jesus Christ, son of God, have mercy on me and fill me with the Holy Spirit.” Slowly over the year she found that she had been healed from depression and considered this a miracle of healing from the power of the Holy Spirit. After then meeting an orthodox priest who informed her that she had essentially been praying the ancient Jesus prayer: “Jesus Christ, Son of God, have mercy on me a sinner,” Sanford was further convinced that just as the Bible declares that Jesus is “the same yesterday, today, and forever,” so, too, did Jesus’ miracles extend to God’s ministry on earth today. Around this time Sanford met another minister who shared with her that this ministry of the Holy Spirit extended to inner healing of emotional pain from past wounds. Sanford then coined the phrase, “healing of memories,” and became an itinerant minister of Inner Healing Prayer.

In her 1947 book, *The Healing Light*, Agnes Sanford outlines her ministry of inner healing, which in the following decades became quite prolific throughout the U.S. as she and her husband founded the “Agnes Sanford School of Pastoral Care.” Through her book and School, Sanford ministered broadly to people seeking emotional and/or physical healing. Unlike those in the field of Inner Healing Prayer who came after her

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<sup>105</sup> This section is based off the primary work of Agnes Sanford, *The Healing Light* (New York: Ballentine Books, 1947).

work, Sanford's ministry acknowledged the presence and deleterious impact of the demonic, but she primarily avoided casting out or renouncing demons and other forms of spiritual warfare. Instead, Sanford's ministry was influenced by her readings in psychology as she pursued her strong passion for people's past wounds to be healed. For Sanford, this meant that she recognized the work of psychology in childhood development and how pain during early childhood could have a lifelong impact on the developing person, although she never formalized this psychological thinking in clear terms in her writing. Still, this influenced her understanding of the concept of "root wounds"—how people's emotional pain in the present might be linked back to primary or core wounds from their earlier life experiences. Another key element of her ministry, then, was Sanford's trust in a loving God who knows all of our past and our pain, and can bring to memory through Inner Healing Prayer the root wounds that need to be healed in order to be released from present emotional pain. Sanford's general model of Inner Healing Prayer was based on this trust of God utilizing the human imaginal capacities by the power of the Holy Spirit to visualize Jesus in past painful memories where Jesus would bring healing in his beautiful and bright presence. Inner healing for Sanford is centered on the idea of emotional relief from inner soul pain as enabled by God, often over an extended period of time through numerous practices of Inner Healing Prayer.

### **Ruth Carter Stapleton**

Having encountered Agnes Sanford's ministry of Inner Healing Prayer, Ruth Carter Stapleton<sup>106</sup> became convinced that her Christian faith could enable her and other disciples of Christ to experience inner transformation through the power of the Holy

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<sup>106</sup> This section is based off the primary work of Ruth Carter Stapleton, *The Gift of Inner Healing Light* (New York: Bantam Books, 1977).

Spirit. Stapleton, whose brother is former U.S. President, Jimmy Carter, had a strong influence on her family and others through her itinerant ministry of inner healing. With a theological degree under her belt, Ruth Carter Stapleton wrote her seminal book, *The Gift of Inner Healing*, in 1977 and traveled widely throughout the country ministering to people's inner emotional wounds. Like Agnes Sanford, Stapleton was inspired by the field of psychology and considered Inner Healing Prayer to be the highest form of "divine psychology." Her intention was not to replace psychology and therapy, but to emphasize the uniquely powerful ministry of the Holy Spirit to know the inner depth of one's being and to bring transformational healing in ways that go beyond the capacity of psychology.

One of the primary focuses of Ruth Carter Stapleton's writings and ministry of inner healing was her belief that individuals must take responsibility for their own pain and suffering, rather than concentrate on blaming others—even if another had caused the pain through their actions. Given that Stapleton was deeply convinced of her evangelical Christian faith which emphasized personal sin and repentance, this self-focus makes sense in this view and also sheds light on her strong attention to the role of forgiveness in Inner Healing Prayer. For her, inner healing demanded personal confession, repentance, and forgiveness of those who caused one's pain, as well as asking forgiveness from God for one's own role in their malformation or sinful acts. While this convergence of confession, repentance, and forgiveness remain robust elements of the development of Inner Healing Prayer from Stapleton to today, there are significant challenges to this notions based on an evangelical reading of the Bible.

In light of my dissertation's focus on Christian women's recovery from intimate partner violence, perhaps the strongest critique I have of Stapleton and the following

scholars in Inner Healing Prayer is their lack of awareness and attention to the long historical impact of patriarchal interpretations of sin as “pride,” rather than recognizing the systemic and structural sin of sexism and violence against women. This will be explored in more depth in my final section reviewing Ignatius’ employment of imagination in prayer; however, it is worth noting here that Stapleton’s combined direction for participants of Inner Healing Prayer to center on their own need for forgiveness, rather than the sin of others, is highly problematic for many women in view of the global reality of male-perpetrated violence against women. Nonetheless, Stapleton’s ministry made a significantly positive mark in the U.S. landscape of Inner Healing Prayer as she ministered and taught others to facilitate Inner Healing Prayer with people suffering from emotional wounds. Again, in the light of Sanford’ ministry, she directed her prayers to exploring root wounds in earlier memories, inviting participants to encounter God in their imagination as Jesus reshaped past memories with his compassionate, abundant love. Though she believed that faith was the ultimate, or highest, connection to receiving inner healing, Ruth Carter Stapleton died of pancreatic cancer in her 50s, having refused medical treatment.

### **Leanne Payne**

As a single mother studying at Wheaton College in the 70s, Leanne Payne<sup>107</sup> was influenced by the work of Agnes Sanford and Stapleton, amidst the charismatic renewal in Chicago. While studying for a degree in theology, Payne was the TA for a professor at Wheaton who worked directly with Tolkien, C.S. Lewis, and the other Inklings. Part of her work was to catalogue the professor’s letters with these men, which introduced and

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<sup>107</sup> This section is based off the primary work of Leanne Payne, *The Healing Presence: How God’s Grace Can Work in You to Bring Healing in Your Broken Places and the Joy of Living in His Love* (Wheaton: Crossway Books, 1989).



produced a strong passion for Lewis' theology, particularly his articulation of God's immanence and transcendence. Although Payne wrote seven major books on Listening and Inner Healing Prayer, her most influential one has been her book, *The Healing Presence*, where she credits Lewis' conceptualization of God's *real, immediate, and tangible* presence in and with God's people today. This laid the foundation for her international ministry that flowed from her school of pastoral care where numerous people around the world were trained in her ministry of Inner Healing Prayer.

At the heart of Payne's vision and practice of Inner Healing Prayer is her immutable belief that the loving God is actually present with us and around us, but also *within* us and people are made in the *imago Dei*. Her utilization of the imagination in Inner Healing Prayer is two-fold, towards the ultimate aim of knowing God's unconditional and profound love deep within our interior being, or soul. The first level is that of employing the imagination by directing it towards God's presence; this may not be the *actual* presence of God, but the belief that God is present within us. The second, and highest, form of imagination in inner healing is the *real* presence of God within us, enabled simply by listening and receiving the Holy Spirit. Based off her readings of C.S. Lewis, Mother Theresa, and Brother Lawrence, Payne places her biblical stance that God is the same "yesterday, today, and forever"—a key idea essential to Sanford and Stapleton as well.

Another fundamental element of Payne's practice of Inner Healing Prayer is the belief that because of the Fall, all humans are sinful and need to experience God's healing within their soul. This is not only a transformational part of a believer's discipleship, but a good gift from a loving Father who desires for his children to know in the core of their

inner being that he loves them perfectly and abundantly. Forgiveness, then, also plays a role in Payne's model of Inner Healing Prayer, as participants acknowledge their own sins, repent, and receive the work of the Holy Spirit to heal them emotionally.

Recognizing there are challenges to experiencing inner healing, Payne identifies three barriers: a lack of forgiving others; difficulty forgiving oneself; and a false sense of self that has not identified with God's unconditional acceptance and love for them. Finally, Payne's model is simplistic in form, relying on three open movements based on inner emotions, God's presence, and reflection. The first step is to direct one's attention towards God's real presence with and in them by their imagination, followed by the Spirit revealing wounds and Jesus bringing healing however he leads, and concluding with journaling reflection on the experience of the Inner Healing Prayer practice. The goal for Payne is relief from inner emotional wounds from past memories, facilitated by a real encounter with the extraordinary love of God who longs to set his children free.

### **Francis and Judith MacNutt**

Perhaps an unlikely couple, Francis and Judith MacNutt<sup>108</sup> met and married later in life. Francis, a former Catholic priest, and Judith, a clinical psychologist, both had individual encounters of baptism in the Holy Spirit which set them on a path towards each other and a substantial ministry of inner healing. In the late 60's Francis was inspired by a strong—and unexpected—experience of the Holy Spirit which led him to write his first of many books, a best-seller entitled, "Healing," which highlighted the Spirit's power to heal inner wounds. Soon after meeting Francis, they discovered their

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<sup>108</sup> This section is based off the primary work of Francis MacNutt, *Healing, Silver Anniversary Edition* (Notre Dame: Ave Maria Press, 1999).

shared passion for this ministry, married, and then in the 1980's founded "Christian Healing Ministries" in Florida.

Their international speaking engagements, ministry training, and numerous writings center on the spiritual practice of Inner Healing Prayer in a variety of ways. While the MacNutts' follow the essential common mode of Inner Healing Prayer—drawing one's attention to the presence of God within, allowing the Holy Spirit to bring to mind past memories of pain, and encountering Jesus' healing and reshaping those memories with his love—their particular emphasis on the demonic and age-specific healing present unique elements in the historical development of this field of spiritual formation. While Sanford and Stapleton paid some attention to the demonic, and Payne the least consideration, the MacNutts' ministry places a formidable focus on the role of the enemy in our emotional wounds. Taking Scriptures such as Jesus casting out the demons from the pigs or the man with the seizures, the MacNutts' hold the view that a common element of inner healing is that of "soul ties" or spiritual bondage with demonic forces that hold our wounds tightly in our identity, causing ongoing emotional suffering. By identifying how participants of Inner Healing Prayer may have consciously or unconsciously participated in "demonic" beliefs or activities—such as cults or ouji boards—individuals can confess and repent of these ties, receiving God's forgiveness and break free from these ties to the enemy. This component of healing is frequently mixed in with prayer structured around human developmental life stages. For example, their model of Inner Healing Prayer would begin with a facilitator or two inviting the participant to encounter God's loving presence in their imagination, and then have them ask the Holy Spirit to reveal if there are any wounds or soul ties during their pre-natal stage. If

anything is identified by God to the participant, the facilitator would help them pray through these spiritual and emotional ties until a sense of relief or healing has occurred. This would continue by focusing on specific stages of infancy, early and middle childhood, adolescence, young adulthood, and so on. The MacNutt's model is unique from all other Inner Healing Prayer scholars in this way, although they were both inspired by the work of Sanford, Stapleton, and Payne.

### **Rick Richardson**

As an Anglican priest working in soul care, Rick Richardson<sup>109</sup> became keenly interested in the power of the Holy Spirit to heal emotions after a repeated nightmare he had of a man attacking him with a gun. A friend recommended he ask God what this nightmare meant and over time God revealed to Richardson that it was connected to his sexual identity and released him from emotional wounds in that area. Through his ongoing work as a priest and a Professor of Evangelism and Missions at Wheaton College, Richardson formed his ideas of Inner Healing Prayer and articulated them in his 2005 book, *Experiencing Healing Prayer: How God Turns our Brokenness into Wholeness*.

Richardson's vision of Inner Healing Prayer most strongly aligns with Leanne's Payne in his strict focus on the real presence of God bringing inner *soul* healing to the whole being of God's beloved children. Like Payne, he is devoutly interested in employing physical, sacramental, and biblical images in his practice of Inner Healing Prayer, such as anointing oil, a physical cross, stained glass depictions of the Gospels, or communion. Richardson and Payne pay particular attention the idea that inner healing is

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<sup>109</sup> This section is based off the primary work of Rick Richardson, *Experiencing Healing Prayer: How God Turns Our Hurts into Wholeness* (Downers Grove: InterVarsity Books, 2005).

an inner work of the loving God who transforms our bent, *unreal* identities towards idols or false selves. Throughout his book, Richardson's impetus is intensely centered on Inner Healing Prayer as the intentional use of the imagination towards inner healing of our identity for the purposes of our sanctification as disciples of Christ. For Payne, the MacNutts, and Richardson, one common element of their understanding of inner healing is that God can "heal," or change, one's homosexual identity. Perhaps this construed concept is their conservative, evangelical reaction to the sexual freedom movement of the 1960s and onwards, but despite their claims of 'successful' conversion to heterosexuality, contemporary views from both the social sciences and many pastoral theologians consider these 'conversion' practices to be destructive to persons, and strongly encourage affirming LGBTQ sexual identities.<sup>110</sup> Regardless of one's theological beliefs on this matter, it is vital that all pastoral caregivers recognize the high rate of mental health issues and even suicide within the LGBTQ community, and how their praxis plays a substantial role in either cultivating harm or healing.

Despite this over-emphasis on sexual identity—and also in light of it—Richardson's model of Inner Healing Prayer has a unique focus on Mother and Father wounds. While he relates this as his understanding of the root wounds of heterosexuality, Richardson also employs Winnicottian psychology, akin to Payne's use, to conceptualize core wounds in early childhood related to problems stemming from parental caregiving. His model of Inner Healing Prayer is as follows: 1) center oneself on the loving presence of God within; 2) meditate on a Scripture that focuses on the abundant, compassionate

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<sup>110</sup> Jason Hays, "Pastoraling Counseling and Queer Identities," in *Understanding Pastoral Counseling*, eds. Elizabeth A. Maynard and Jill Lynnae Snodgrass (New York: Springer Publishing Company, 2015), 335-336. The discussion of pastoral care and counseling with diverse sexual identities is also explored thoroughly by a variety of authors in H. Newton Maloney, ed., *Pastoral Care and Counseling in Sexual Diversity* (New York: Routledge, 2012).

love of God and imaginatively accept that love; 3) identify and repent of ways one has sought comfort outside of God (idols); 4) allow God to lift the shame off and fill one's emptiness; 5) feel and express one's anger and suffering of one's Mother or Father wounds; and finally, 6) receive the fullness of Jesus' healing love flowing through your inner being, and giving you a motherly or fatherly hug.

### **Brad Jersak**

A pastor of a small charismatic church outside of Vancouver, B.C., Brad Jersak<sup>111</sup> has a Ph.D. in Theology from a UK school where he focused on charismatic studies. Through his book, *Can You Hear Me?: Tuning in to the God Who Speaks*, Jersak outlines his ministry of Listening and Inner Healing Prayer utilizing robust biblical sources. His primary claims are that throughout the Bible God reveals Godself to people, and does so in a variety of ways. Citing God speaking to Moses through the burning bush, or directly speaking to him on the mountain top as God gave Moses the 10 Commandments, to God speaking through the quiet wind, a donkey, the prophets, writing on a wall, to speaking with Jesus when he would go away from the crowds and his disciples to be alone with his father—Jersak sets up in his book a clear Scriptural stance that God desires to speak to us and will do so utilizing our imagination.

Jersak's model for Inner Healing Prayer follows a three-fold paradigm centering on moving from themes of comfort, to healing, to freedom. The first step is to attune one's imagination to the loving, real presence of God in a special "Meeting Place." He bases this on John's encounter of God in the throne room in Revelations. In the Meeting Place, the participant imagines vividly a safe, peaceful place where they can encounter

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<sup>111</sup> This section is based off the primary work of Brad Jersak, *Can You Hear Me?: Tuning in to the God Who Speaks* (Abbotsford: Fresh Wind Press, 2012).

God and experience the comfort of God's loving, compassionate, peaceful presence with them. Once the participant is grounded in the safety of God's presence, the facilitator invites the participant to ask the Holy Spirit to bring to mind the root wounds of their emotional pain. This open-ended question empowers the participant in relationship with God to remember and enter into past wounds, where Jesus interacts with these images and heals them from their painful sting. Finally, in the third phase of Jersak's model, the participant is invited to bring those wounds to the foot of the cross in order to lean into the fullness of God's freedom from healing those wounds. At the cross the participant is invited to forgive those who wounded them, renounce any false beliefs or idols, confess their own sins, and break any demonic bondage that God might reveal.

### **Summary of the Modern Roots of IHP**

Throughout the books and ministry of Agnes Sanford, Ruth Carter Stapleton, the MacNutt, Rick Richardson, and Brad Jersak, we have seen the common themes of a vision of God as a good, loving Father who longs to bring inner, emotional healing to his children. Inner Healing Prayer is characterized by an inner freedom from root wounds, often found in childhood, releasing one from their negative impact in their present life by employing the participant's God-given imagination to encounter the real presence of Jesus who reshapes their past memories with his healing touch.

## **A CHRISTIAN FEMINIST THEOLOGICAL CRITIQUE OF IGNATIUS' EXERCISES AND JERSAK'S MODEL OF IHP**

### **Introduction**

As with any model of spiritual formation, there are benefits and possible harm to participants that must be taken into account; this is of particular importance in my pastoral care work with Christian women survivors of intimate partner violence. Their unique and complex experiences of the trauma of abuse can be positively impacted by the practice of Inner Healing Prayer and Ignatius' *Spiritual Exercises*, though I caution pastoral caregivers to develop and implement a feminist pastoral theological praxis of care as a means to mitigate any possible harm, and to empower women to heal from their inner wounds of abuse by a male partner. To nurture this capacity in pastoral caregivers, this essay employs a Christian feminist framework to explore and critiques the practice of Inner Healing Prayer—as based on Dr. Brad Jersak's model, and Ignatius' *Exercises* towards the aim of facilitating healing for Christian female survivors of relationship abuse.

### **The Male God**

An essential element of Jersak's three-fold Inner Healing Prayer model is the belief that God is good, loving Father who is willing and able to heal the emotional wounds of his beloved children. While for many people this concept of God may resonate deeply, countless Christian women have been abused by male partners who use the Bible to force their wives to submit to their abuse. Further, even if the victim does ask for help with the abuse, the first—and often only person—they seek care from is their male pastor, who often repeats this idea that God wants the woman to submit to their husband's abuse.<sup>112</sup> For the 1 in 3 Christian women who are victims to their male partner's abuse, this perpetuates the notion that God is male and that the male God condones the abuse of women. Similarly, Ignatius' images of God are resonate with the

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<sup>112</sup> Nason-Clark et al., *Religion and Intimate Partner Violence*, 40.



maleness of God, as he over-emphasizes the maleness of Jesus utilizing militaristic and knightship language, particularly in Week 2. For female survivors of intimate partner violence, a common and fundamental feminist theological critique is raised by many—especially Rita Nakashima Brock, Rosemary Radford Ruether, and Elizabeth Johnson. While Brock rejects the classical idea of God the Father claiming the cross is divine child abuse, Ruether and Johnson’s feminist theology works to reclaim an inclusive non-male God through the Sophia language<sup>113</sup>; the latter landing on the name, “She Who Is” to re-envision God for women. As both Jersak and Ignatius’ practices utilize a prayer facilitator or Spiritual Director, a feminist perspective would mandate this individual be able to help facilitate the survivor’s re-imagining of God as not exclusively male. This could involve meditating on the feminine images of God in the Bible, such as the mother hen or the woman who looks for her lost coin, or encouraging the survivor to imagine God as an animal, a woman, and affirming any way that God appears to her as acceptable and meaningful for God’s love to be known for healing.

### **Sin and the Self**

While it makes sense for Ignatius’ *Exercises* to be steeped in the male-dominated images of God, sin, and self in this 16<sup>th</sup> century European context, Jersak’s model importantly invites imaginative reflection on sin and the self that are not depicted in the patriarchal conceptualization of sin as “pride.” While Jersak briefly addresses the sin of violence done to others, as in domestic abuse, his model of Inner Healing Prayer specifically invites participants to imagine God however God appears to them and strongly upholds that this image of God must be one that grounds the participant in safety

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<sup>113</sup> Rosemary R. Ruether, *Sexism and God Talk: Toward a Feminist Theology* (Mass: Beacon Press, 1993); Elizabeth Johnson, *She Who Is: The Mystery of God in Feminist Theological Discourse, Tenth Anniversary Edition* (New York: The Crossroad Publishing Company, 2002).

and peace within their own body towards the goal of their comfort, so they can be open to the healing presence of Jesus in their past wounds.

As for the *Exercises*, Ignatius undoubtedly develops his monastic vision of spiritual formation for men,<sup>114</sup> and his understanding of sin and the self are profoundly shaped by his male perspective, and his experience in the military. Week One's strict emphasis on sin employing language such as "the foulness of the body" and other atrocious images of the self as encapsulated by the horrors of one's own sin, fails to recognize the common reality that most women and girls experience harassment, assault, and/or abuse from men throughout their lifetime. Womanist theologian, Delores Williams, in her book *Sisters in the Wilderness*,<sup>115</sup> highlights the horrific abuse of black women during and since the time of slavery in the U.S. She brings speech to the silent terrors of black female girls and women who were enslaved, repeatedly raped, used as surrogate wives and mothers, beaten and murdered by White men and women. From her Womanist perspective, then, Ignatius' view of sin fails to address the profound reality of violence against black women in personal encounters of the sin of White men, in addition to the ongoing realities of systemic and structural sin in societies. Women's self, as Asian feminist theologian, Kwok Pui-Lan, would agree with Williams, must take the view that women's full personhood has been denied in male-perpetrated violence, such as domestic abuse, and the biblical call for survivors is to acknowledge the sin of *others* against them, and to resist violence, in order that they might step towards full selfhood.<sup>116</sup>

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<sup>114</sup> While Ignatius' ministry was primarily for men, some of his earliest retreats utilizing the *Exercises* also included women.

<sup>115</sup> Delores S. Williams, *Sisters in the Wilderness: The Challenge of Womanist God-Talk* (Maryknoll: Orbis, 2003).

<sup>116</sup> Kwok Pui-Lan, *Introducing Asian Feminist Theology* (Cleveland: The Pilgrim Press, 2000), 65-78.

### **The Cross**

While there are many areas feminist theologians would critique in both Jersak and Ignatius' programs of inner healing, I have chosen to focus on the three primary feminist critiques: the maleness of God, the androcentric conceptualization of sin and self, and finally, the cross. As mentioned earlier, feminist theologian understands the cross as "divine child abuse," referencing the early atonement theories of the Christian church as purporting that the crucifixion of Jesus was God's ultimate plan to redeem the world from sin.

Ruether, Johnson, Williams, and Kwok all note that the cross of Christ has a robust history of being used in pastoral praxis in ways that perpetuate abuse against women. Williams again notes that Black women in the U.S. were forced to submit to rapes and beatings and slave work in the house and fields of White people under the biblical pretense that Black people and women are less human and should submit to their suffering as Christ did on the cross. Ruether and Johnson, likewise, elucidate how the patriarchal misinterpretations of the cross—which are rendered in Jersak and Ignatius' models—do not bring liberation and freedom to women, especially women who experience abuse. Instead, they reframe the crucifixion of Christ as the natural outcome of his life and ministry of resisting those with power and privilege who mistreat, marginalize, and abuse others. The cross in feminist view thus becomes the horrific and evil choice of humans who decide to kill Jesus for inspiring others to stand against their oppressive regimes of power. They murder Jesus, who—being God—had the choice to avoid the cross, but in compassionate solidarity with abuse women, chose to submit to the will of humans. God then redeems humanity's sin in murdering Jesus by raising him from

the dead. Feminist theologians use this framework to remind pastoral caregivers that Jesus' submission to violence was voluntary, whereas intimate partner violence is the evil choice of the perpetrator and should be resisted by women. A feminist reframing of Ignatius' *Exercises* might then minimize the use of the Cross in terms of personal sin, instead focusing on the cross as God's compassionate and intimate empathy with women's victimization, as Jesus stands in solidarity with their suffering. Additional biblical texts that speak to the profound roles women play in Scripture would also be employed. Similarly, Jersak's third step in his Inner Healing Prayer model takes participants to the cross to enter into ultimate freedom from their emotional wounds. For many survivors, this image may not be beneficial at all and should then be discarded by prayer facilitators. If the survivors feels safe and rooted in God's love, it may be possible for them to release their emotional inner burdens to God at the foot of the cross as long as this feminist reframing of the suffering is utilized.

### **SUMMARY**

Both models of inner healing and transformation as seen in the ministry of Brad Jersak and Ignatius of Loyola, are developed from a Western male perspective and thus have practical implications for pastoral caregiving with Christian women survivors of intimate partner violence. By employing a Christian feminist theological reframing of androcentric images of God, sin and the self, and the suffering of the cross, pastoral care with survivors can truly be liberative as practitioners take the stance of listening to, and believing, women's traumatic experiences of domestic abuse.

## CHAPTER 3

### THE CHANGING SELF: FORMING AND REFORMING THE IMAGO DEI

For you created my inmost being; you knit me together in my mother's womb.  
I praise you because I am fearfully and wonderfully made.

— Psalm 139:16

#### Introduction

The process of recovery for survivors of intimate partner violence is multifaceted and complex. Survivors are confronted with numerous obstacles on their healing journey as their grief is both complicated and disenfranchised. This grief results from the traumatic experience of violence that deeply wounds both body and soul, often in invisible ways, threatening to annihilate one's very self.<sup>117</sup> Such violence ushers survivors into a powerless, voiceless place of complicated grief and unresolved trauma; however, this journey of recovery is not without hope. By giving voice to trauma survivors through a narrative approach integrated in the spiritual practice of Inner Healing Prayer,<sup>118</sup> my research explores the processes of remembering, speaking and witnessing to the violence in ways which reconstruct meaning to survivors' fragmented stories of abuse. In order to provide a robust foundation to this research focused on healing for survivors, this chapter begins by exploring how a person's identity—or self—develops in the image of God, and becomes malformed through domestic abuse.

#### FORMING THE SELF

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<sup>117</sup> Serene Jones, *Trauma and Grace: Theology in a Ruptured World* (Kentucky: Westminster John Knox Press, 2009), 12-13.

<sup>118</sup> For more insights into the use of narrative in Inner Healing prayer, see the next chapter where this will be discussed in detail.

The quest to truly know one's self is a journey articulated throughout Scripture, the history of the Christian church, and the development of modern psychology. Each of these sources presents the human journey as a search for meaning. Within a Christian theological anthropology this quest rests within the understanding of persons as created by God as the *imago Dei*. Through an exploration of personhood as one's essential being, we will seek to develop an understanding of the self as articulated by the Christian mystics, the contemporary psychology of D. W. Winnicott, and the spiritual practice of Inner Healing prayer as our model of healing. As we do so we shall discover a shared theme of the self as comprised of multiple parts of *one* person, as in the Triune God in whose image we have been formed. Finally, in consideration of the substantive role that intense suffering plays in our world, a view of healing and trauma will be formed that is centered on the integration of multiplicity into a unified self.

### **Christian Mystics and the Self: A Spiritual View**

The primary question for the Christian mystics in regards to the self can be articulated by the following paradox: "Can we know God without knowing our self?" and "Can we know our self without knowing God?" This is what Thomas Merton wrestled with in the 20<sup>th</sup> century, but it is actually an age-old quest witnessed throughout Scripture, in the writings of Augustine, and mystics from medieval times to the modern age. Yet, it is the Christian mystics of the Middle Ages and the Reformation that most poignantly embrace this paradoxical search for integration of the self with God. By delving into these mystics we will unfold a Christian understanding of self from their understanding of the soul's mystical union with God through spiritual experience.

A central theme amongst the Christian mystics is that the self—or soul, as many referred to it—is an immortal part of our being. Embracing a neoplatonic-Augustinian dualism of body and soul, the mystics often see the self as separate from the body that God created, while highlighting another dualism within our spiritual self.<sup>119</sup> Many mystics picked up on this idea from Scripture of a separation of an earthly self and a heavenly self—or an outer and inner self—with only the latter being the eternal part of our *imago Dei* that ultimately is fully reunited with the God who created it. This concept is perhaps most explicitly taken up in the writings of the 13<sup>th</sup> century Hadewijch and 14<sup>th</sup> century Julian of Norwich, who each propose an integrated theory of self that demonstrates this intriguing multiplicity of personhood within the *imago Dei*.

Part of the Beguinage movement of Christian women leaders in northern Europe during the 12<sup>th</sup> to 14<sup>th</sup> centuries, Hadewijch was a prolific writer of spiritual letters, poems, visions, and Christian theology in the 13<sup>th</sup> century.<sup>120</sup> In her writings Hadewijch postulates a twofold view of the self that she developed from a vision she called “Two Kingdoms, Two Heavens” in which her Earthly Self overhears a conversation between her Heavenly Self and Christ.<sup>121</sup> As seen in her writing, Hadewijch’s Heavenly Self is ‘full-grown’ in a state of spiritual maturity, just as Christ is the embodiment of the full potential of personhood and with God in Heaven. In contrast, Hadewijch’s Earthly Self must undergo trials in order to grow into the depth of love and perfection that the ideal Heavenly Self and Christ model to this lower self.<sup>122</sup> For Hadewijch these two parts of

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<sup>119</sup> Bernard McGinn, ed., *The Essential Writings of Christian Mysticism* (New York: Random House, 2006), 483.

<sup>120</sup> *Ibid.*, 102.

<sup>121</sup> Barbara Newman, *From Virile Woman to WomanChrist: Studies in Medieval Religion and Literature* (Philadelphia: University of Pennsylvania Press, 1995), 146-147.

<sup>122</sup> *Ibid.*

the whole self are separate yet intertwined in the earthly journey of attaining spiritual maturity in God's love. The Heavenly Self is primordial and is present with God from its existence as an essential eternal and perfected self that the Earthly Self must work to recover and restore full unity with.<sup>123</sup> This unity of self is only made possible by Christ's love, and thus Hadewijch's conceptualization of the self is inextricably woven into this mystical journey of knowing God to know the self.

A century later, Julian of Norwich was cloistered as an anchoress in England in a small brick room off the side of a church where she developed her spiritual theology in her manuscripts that today we call *Revelations of Divine Love*.<sup>124</sup> Similar to Hadewijch, Julian develops a binary anthropology of the self—comprised of 'The Substance' and 'The Sensuality'—from an intense series of mystical visions of her self with God. The Substance is our higher self that is created, but made of the same substance of God, thus connecting us to God eternally, according to theologian Grace Jantzen. She delineates that Julian's lower self is the Sensuality—which is our entire earthly existence that is fundamentally good, because all of God's creation is good, although it suffers due to sin and evil in the world. Importantly, the two elements of the self are separate from each other, Jantzen concludes, but together they make up the whole self. For Julian, it is sin—which she envisions as wandering away from God—that distances us from God and our higher self. To bridge this divide between our two parts, Julian asserts that our faith in God and the work of the Holy Spirit enables our substance to reach down to our

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<sup>123</sup> Bernard McGinn, *The Flowering of Mysticism: Men and Women in the New Mysticism—1200-1330* (New York, Crossroad, 1998), 214-217.

<sup>124</sup> Grace M. Jantzen, *Julian of Norwich: Mystic and Theologian* (London: The Cromwell Press, 2000), 142.



sensuality because of Christ's incarnation.<sup>125</sup> It is Christ that knits us into an integrated, whole self in true connection with God, and while for Julian this only fully occurs when we die, the self is ultimately good and always united to God.

By way of mystical visions both Hadewijch and Julian's writings demonstrate a model of theological anthropology that frames a multiplicity of the self as a twofold contrast: a higher and lower self. Amongst their contemporary Christian mystics within the Middle Ages and Reformation period, then, these female mystics limn the human quest for integration of self, and self with God—both of which they see as necessarily enabled by God's love. For Christian mystics, the self is largely an interior, experiential journey of reuniting the lower self towards the essential primordial eternal self already perfected by and with Christ. This pursuit of full personhood as the *imago Dei* has continued throughout Christian history, deeply impacting not only the church's pastoral care as the 'original' psychotherapists, but also modern psychology as it, too, attempts to 'cure the soul' in its search for the self.

### **Winnicott and the Self: A Psychotherapeutic View**

Modern psychoanalysts have developed numerous theories of personality and selfhood; however, it is Englishman D. W. Winnicott who in 1960 clarified a distinct sense of self in that most aligns with the binary personhood of the Christian mystics Hadewijch and Julian of Norwich. In light of his work in the field of object relations theory, Winnicott famously formulated his ideas on the True Self and the False Self.<sup>126</sup> While he did not recognize its roots in ancient Christian mysticism, this twofold vision of

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<sup>125</sup> Ibid., 89, 121.

<sup>126</sup> Donald W. Winnicott, *The Maturation Process and The Facilitating Environment: Studies in The Theory of Emotional Development* (New York: International UP Inc., 1965), 140-152; Donald W. Winnicott, *Playing and Reality* (London, Routledge, 1971), 19, 137.

self can be seen to mirror their concept of a higher and lower self: the True Self is the authentic and original self that becomes separate from the False Self which develops in response to life's wounds. This conceptualization is simpatico with the Christian mystics notion of self, then, in that it affirms a multiplicity of self, with both a primordial, 'pure' True Self, as well as a lower False Self that arises as an inner schism of Self in response to suffering.

### True Self

From his psychological perspective, Winnicott's theory of the True and False Self emerged from his research on interpersonal relationships related to object relations theory—particularly the idea that an infant internalizes a sense of self derived from their primary caregiver. For Winnicott, the infant's sense of self—literally their awareness of being alive or 'being'—is based entirely on their experience of their mother.<sup>127</sup> The 'good enough' mother provides the basis for the child's sense of self by positively responding to the child's needs and desires, thus confirming that they are indeed loved and valuable, and the world is a safe place for them to be. As the child grows and is given a safe space for their emotions to be validated and processed with their parents, increasing freedom to make their own choices without fear of loss of love from their parents, and the continued reliability of their parents being dependable, the child develops a sense of personal power deeply connected with their True Self. This True Self is an integrated whole intimately connected to their understanding of reality, both of their internal and external worlds. Using their personal power based on their internal belief that they are loved and lovable, the child moves into adulthood prepared to make healthy decisions that create relationships founded on the belief that their True Self is worthy of love and belonging.

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<sup>127</sup> Winnicott, *Playing and Reality*, xi.

### False Self

Conversely, the False Self is a covering of one's True Self, based on the feeling of being empty and the belief that one's self is worthless, unloved, and unlovable.<sup>128</sup> Rejecting one's sense of self in a subconscious reaction to suffering, an infant or child starts to unconsciously create a False Self to avoid the reality of one's deep, inner pain. As time goes on and one increasingly engages with his or her False Self, the layers of self-protection distances a person both from one's True Self and others—particularly in the case of abuse or trauma in childhood—and can even eclipse the True Self through splitting or dissociation. Winnicott articulates this inner separation of self as a defense mechanism designed to protect the child from the pain of separation, anxiety, and fear of abandonment by the mother or primary caregiver. Healing in Winnicott's model then becomes a process of uncovering the True Self from the layers of the False Self.

As we have seen, Winnicott's theory of self upholds an essential primordial True Self that is congruous with the higher self of the Christian mystics as demonstrated in Hadewijch and Julian of Norwich—although Winnicott employs the mother figure in place of God as the secure attachment figure in the formation of personhood. Still, his concept of the False Self is likewise compatible with the mystics' lower self in that it derives from suffering and represents a separation of self that must be bridged for well-being to occur. Thus, both the Christian mystics' spiritual model and Winnicott's psychological model assert the same goal of caring for, or healing, the self: the integration of multiplicity towards a cohesive self that can foster healthy relationships with others.

### ABUSE AND THE MALFORMED SELF

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<sup>128</sup> Ibid., 13-14, 109.

### Trauma and the Self

While each of our theories of self have relied on the concept of multiplicity within personhood, their ultimate objective is a unity of self as the zenith of health and well-being. As Winnicott notes in his developmental view of the self, trauma severely disrupts the authentic self in a way that is distinct from the ‘regular’ suffering of life. In her seminal book on trauma theory entitled *Trauma and Recovery*, psychiatrist and researcher Judith Herman elucidates that trauma experiences represent a profound threat to an individual’s identity and sense of safety that “overwhelm the ordinary human adaptations to life.”<sup>129</sup> The natural defense reaction against trauma is multiplicity of the mind, or what can also be described as a fragmented self. Akin to our previous discussion, then, while multiplicity continues to be understood as natural part of one’s identity, it can also signify a movement away from a whole personhood as represented by an integrated self.

This fragmentation of self in response to trauma has a profound and ongoing impact on a person’s mind, shattering their sense of self, along with their way of being in the world and in relationship with others, as Herman delineates. She contends that “traumatic events produce profound and lasting changes in physiological arousal, emotion, cognition, and memory. Moreover, [they] may sever these normally integrated functions from one another,” causing memory loss, anxiety, depression, dissociation, PTSD, and a host of other challenges to one’s sense of self.<sup>130</sup> The traumatized brain is often incoherent, disorganized, and incapable of coping as its structures are overwhelmed by the trauma of abuse, which the brain attempts to process by unconsciously repeating it in flashbacks and triggers, further reinforcing the fragmented self.

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<sup>129</sup> Herman, *Trauma and Recovery*, 33.

<sup>130</sup> *Ibid.*, 34-35.

### The Embodied Impact of Trauma

While there are unique challenges for women at the intersections of their social identities, all women who endure the suffering of intimate partner violence undoubtedly experience this life-changing trauma with complex and multifaceted negative effects even after they leave the abuser. Potential health risks include: anxiety, depression, problems sleeping, eating disorders, emotional numbness or dissociation, PTSD, neurobiological disorders, gastrointestinal and gynecological disorders, and even suicide.<sup>131</sup> Additionally, if a woman has had children with a former abusive partner, she is highly likely to be forced to endure ongoing emotional abuse through threats, control, and coercion, due to her ongoing relationship as a co-parent. With intimate partner violence, then, we can see the lasting effects are a terrible burden for survivors. It is no wonder that many women end up struggling with substance abuse, reproductive problems, STI's, various physical ailments such as musculoskeletal problems, and substantial relationship difficulties both with family and in society.<sup>132</sup>

All of these embodied forms of potentially ongoing suffering paint a grim picture for women to recover and form a secure sense of self as lovable and worthy of respect and flourishing in both the public and private spheres of her life. To cement this incredible challenge, both the Canadian and U.S. governments report that one of the greatest risks to women's health is being murdered by her male intimate partner.<sup>133</sup> It is clearly imperative, then, that survivors have safe spaces to heal and recover from their

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<sup>131</sup> Judith McFarlane and Ann Malecha, *Sexual Assault Among Intimates: Frequency, Consequences, and Treatments* (Final report submitted to the National Institute of Justice, 2005—NCJ 211678). <https://www.ncjrs.gov/pdffiles1/nij/grants/211678.pdf>.

<sup>132</sup> Amy Bonomi et al., "Medical and Psychosocial Diagnosis in Women With a History of Intimate Partner Violence," *Archives of Internal Medicine*, 169, no. 18 (2009), 1692-1697.

<sup>133</sup> Nason-Clark et al., *Religion and Intimate Partner Violence*, 37-38.

trauma. Without specific interventions these women will most likely suffer the radically damaging impacts throughout their lifelong development. One of the most universal and long-term effects is a deeply embedded sense of shame that profoundly damages her sense of self. It is this topic I will now unpack through a psychological and spiritual framework of understanding.

### **Shame and the Self in IPV**

Domestic abuse is essentially about one person exerting power and control over their partner. This dominance over another in an intimate relationship dehumanizes the victim and frequently yields a deep feeling of guilt that they are to blame for the abuse, rather than the perpetrator, limns Herman<sup>134</sup>. In her view, guilt enables victims to reclaim a sense of power and control over their life as they imagine how they could disrupt or end the abuse through their own intervention. In reality, abuse is solely the choice of the perpetrator, but acknowledging this may foster feelings of helplessness in victims, so guilt frequently becomes a coping technique in the face of the overwhelming terror of abuse.<sup>135</sup> Inevitably, the abuse dehumanizes a victim, imbuing their sense of self with shame. Sociologist and shame researcher, Brené Brown, makes an important distinction from Herman's use of the term guilt which she defines as "I did something bad," whereas shame is "I am bad."<sup>136</sup> As intimate partner violence is beyond the control of its victims, the resulting identity damage is that of shame; victims end up carrying a deeply held belief that they are unworthy of love due to their partner's abuse.

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<sup>134</sup> Herman, *Trauma and Recovery*, 53.

<sup>135</sup> *Ibid.*, 53-54.

<sup>136</sup> Brené Brown, *I Thought it Was Just Me (But it Isn't): Telling the Truth About Perfectionism, Inadequacy, and Power* (New York, NY: Gotham Books, 2007), 13.

Intimate partner violence leaves a survivor deeply shamed in her identity—her sense of self—as the abuse carries on over time. As she continues to experience the erratic, irrational, and frightening choices of her partner, the survivor becomes deeply confused and often enmeshed with his abusive behavior as she diligently strives to understand how she can stop these painful incidents. This is the crux of shame in an abusive relationship: the victim internalizes the shame of her partner’s abuse, believing that her very being is worthless and unlovable. This leads us back to Brown’s conceptualization of shame: the belief that one’s very self—or being—is ultimately bad. It is important to note that guilt—the feeling of having done something wrong—is actually a healthy part of one’s self-concept, but in this case should be experienced by the perpetrator of abuse. Such acknowledgment of abuse is extraordinarily rare by the abuser, leaving the victim’s sense of self embedded in the “intensely painful feeling [of shame that she is] unworthy of love and belonging.”<sup>137</sup>

The shame of intimate partner violence, thus, undermines the greatest human need: to be loved; to be truly seen and known; to be understood. This requires freedom, self-responsibility, vulnerability, and authenticity of self. Shame is the result of experiencing domestic abuse from the partner who is supposed to love you, and who should be a safe place to reveal one’s True Self and be loved. Instead, the woman who is abused is left with great soul-damage, often struggling with a mistaken sense of guilt that she is to blame for the abuse, an inability to make decisions, or her trust her feelings and her view of reality, a fear of rejection and abandonment, low self-esteem, anxiety, fear,

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<sup>137</sup> Ibid., 5.

depression, panic attacks, and more.<sup>138</sup> The consequences of domestic violence are severely destructive, then, to a woman's sense of self, bifurcating it into a True and False Self as understood from the vantage of both the Christian mystics and modern psychology.

## RECONSTRUCTING THE SELF

Thus far we have talked of recovery and healing as an integrated self. It is a process of pulling together the fragmented pieces of identity from before, during, and after the abuse, into a new sense of self that allows these multiple parts to embrace the complex, multi-storied meanings of abuse and survivor. The terrifying, problematic, ambivalent, uncertain, and fragmented memories must be held within a compassionate space that empowers the survivor to not only tell their trauma stories as the author of their own experience, but to make sense of the abuse in ways that ultimately don't control the survivor's personhood. The fields of psychology and trauma theory informs us that common sings of healing and well-being for survivors of domestic abuse are a sense of self as lovable, agentic and powerful in their own lives and the world, and increased resiliency to cope with the ongoing challenges of life. I will unpack these

### The Self as Lovable

If we understand that humans are created from the triune relationship of the Godhead, for intimate relationships of equality, mutuality, and flourishing—as the Christian mystics image for us—then it makes sense a whole or healthy self would be epitomized by love. God made humans in the *imago Dei*, and thus we are created for loving relational mutuality. Domestic violence, then, is not only antithetical but abhorrent

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<sup>138</sup> The trauma-informed self after IPV is illustrated throughout both Hoeft, *Agency, Culture, and Human Personhood*, and Crumpton, *A Womanist Pastoral Theology*.



to the development of self, and as we have seen, results in a deeply-embedded shame-based sense of self. As Brown shares, love is the antidote to shame:

We cultivate love when we allow our most vulnerable powerful selves to be deeply seen and known, and when we honor the **spiritual connection** that grows from that offering with **trust, respect, kindness, and affection**. Love is not something we give or get; it is something that we **nurture and grow**, a connection can only be cultivated between two people when it exists within each one of them—we can only love others as much as we love ourselves. Shame, blame, disrespect, betrayal, and the withholding of affection damage the roots from which love grows. Love can only survive these injuries if they are acknowledged, healed, and rare.<sup>139</sup>

As Christians we recognize that the ultimate source of love is God, and thus God is also the true source of healing the trauma of domestic abuse. Recovery, then, must involve survivors experiencing their broken selves as compassionately loved by God who reforms their identity as the beloved *imago Dei*.

#### The Self as Agentic

As this project primarily centers on women who have left their abusive partner and are seeking healing, we can recognize that these women have already demonstrated extraordinary agency in their life.<sup>140</sup> Intimate partner violence, as we have seen, is an ongoing experience of one partner maintaining power and control over the other through a wide variety of abusive behaviors. In order to reform their identity as the *imago Dei*, then, I propose that God calls women towards a full personhood that resists abuse and stands up for their rights as victims of injustice. The metanarrative of Scripture reveals that God's love is profoundly rooted in pursuing the justice and shalom of the Kingdom of God in the midst of harrowing experiences, as witnessed in the stories of Hagar,

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<sup>139</sup> Brené Brown, *The Gifts of Imperfection: Let Go of Who You Think You're Supposed to Be and Embrace Who You Are* (Center City, MN: Hazelden, 2010), 23.

<sup>140</sup> Emma Crawford, Helen Liebling-Kalifini, and Vicki Hill, "Women's Understanding of the Effects of Domestic Abuse: The Impact on Their Identity, Sense of Self and Resilience. A Grounded Theory Approach," *Journal of International Women's Studies* 11, no. 2 (2009): 78.

Moses, Tamar, Deborah, Ruth, Jesus, Mary (of sisters, Martha and Mary), the disciples, Pontius Pilate's wife, and others.

Psychological research confirms that developing agency is an essential component of healing, and is marked by increased self-esteem, and feelings of control and empowerment—primarily influenced by compassionate, supportive others.<sup>141</sup> Re-discovering and developing new strengths, coping skills, and power to rebuild their lives after abuse is critical in the journey of recovery for survivors. Agency, then, is necessary to counteract or reform the disempowering sense of shame and guilt that malform survivors identity in the experience of intimate partner violence. As we saw in Chapter 1, their Christian faith—although often problematic for women's experiences of abuse—can also be a source of empowerment when the church provides a safe place for them to heal in the loving connection and belonging of community.

### The Self as Resilient

While there are many ways to conceptualize healing for survivors of domestic abuse, the term 'resilience' is often employed; this multi-layered concept, I argue, is utilized to envision the many ways women not only survive the terror of abuse, but also cope and recover from their trauma. These strategies of developing resiliency are varied, from fostering authentic, loving relationships with friends, family, and others as they seek help to recover, to sharing their stories of abuse, to reconstructing a new, hopeful sense of self and rebuilding their life apart from the abuser.<sup>142</sup> Again, the church can play an absolutely vital role in this by nurturing safe spaces for women to share their stories, be compassionately listened to and be believed; practically resourced with their financial

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<sup>141</sup> Ibid., 64-65.

<sup>142</sup> Ibid., 76.

and other tangible needs; and experience pastoral caregiving that reframes God as a loving, powerful being that suffers with, and enables survivors to heal from abuse. Spiritual practices can be particularly beneficial in empowering this resiliency in survivors as they are equipped to heal in the loving, embodied presence of God.

### ATTACHMENT THEORY AND REFORMING THE SELF

As human development and healing occur within the context of relationships, domestic violence presents a great challenge for survivors to reform a healthy, authentic self in close intimacy with God. With the teleological aim of restoring the *image Dei* in abused Christian survivors of intimate partner violence, attachment theory provides a robust framework to understand the development of the self, and how forming a close, loving relationship with God enables survivors to heal after the trauma of abuse. This section begins with an outline of Bowlby's and Ainsely's attachment theory in relation to how children develop a self, followed by Winnicott's concept of 'holding' and Bion's idea of 'containing.' Our foundation for understanding how abuse malforms the self will thus be thickened through attachment theory, as we move on to explore how survivors' images of God are impacted by domestic abuse. Next, a presentation of Winnicott's notion of the True and False selves will be limned as a method to help rebuild the survivor's sense of self through cultivating secure attachment to others and to God. Finally, by exploring how images of God develop, and how attachment to God can be revised through imaginative prayer, a praxis of pastoral caregiving for survivors will be developed through a model of Inner Healing Prayer.

### **Attachment Theory**

The development of personhood—or a self—occurs through interactions with the primary caregiver—usually the mother—according to attachment theory and its founder, John Bowlby. The infant and developing child develops an internal framework of self corresponding to the security of the relational attachment with their parent(s).<sup>143</sup> If the parent is well-attuned and responsive to the needs of their child, the child will develop a secure self enabling them to develop close relationships, be resilient to change, and to self-regulate even in challenging times.<sup>144</sup> Further developed by Mary Ainsworth, attachment theory locates this attachment relationship as the child's secure base to explore the world through play and discovery in new experiences.<sup>145</sup> Children whose caregivers have an insecure self, are not responsive to their children's needs, or behave abusively will foster an insecure self in their child leading to emotional, sexual, relational and other developmental challenges and even psychopathologies throughout their lifetime.<sup>146</sup>

Primary to attachment theory, then, is the notion that early childhood development of self as either secure or insecure largely predicts one's future relationship attachment pattern.<sup>147</sup> The internal working model of self developed in infancy and childhood is a mirrored reflection from the primary caregiver who communicates a sense of security and solid foundation of worth by attentively meeting their physical and emotional needs as well as the need for meaningful touch.<sup>148</sup> When the child's needs are not met, they learn not to depend on others, and question their sense of self and the safety

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<sup>143</sup> Inge Bretherton, "The Origins of Attachment Theory: John Bowlby and Mary Ainsworth," *Developmental Psychology*, 28, no. 5 (1992): 762.

<sup>144</sup> van der Kolk, *The Body Keeps the Score*, 113-119.

<sup>145</sup> Bretherton, "The Origins of Attachment Theory," 762.

<sup>146</sup> van der Kolk, *The Body Keeps the Score*, 130-131; Bretherton, "The Origins of Attachment Theory," 787.

<sup>147</sup> Ibid.

<sup>148</sup> Bretherton, "The Origins of Attachment Theory," 774.

of the world. According to Ainsworth, the child's developing attachment pattern becomes maladaptive as they are uncertain about how others will respond to them, thus insecure attachment patterns such as anxious, ambivalent, and avoidant result.<sup>149</sup> The prospect for human flourishing, then, is made possible through secure attachment to self and others, as nurtured in a safe, secure relationship with one's caregivers. As childhood attachment patterns are relatively constant into and throughout adulthood, there is much to learn from secure attachment relationships with the mother or primary caregiver in order to revise attachment in pastoral care and counseling with survivors of abuse.

#### Attachment via 'Holding' and 'Containing'

As practitioners of pastoral care working with survivors, attachment theory presents substantial insight into the therapeutic work of spiritual care. As such it is beneficial to explore deeper into this integrative field through the work of psychoanalysts, D. W. Winnicott and Wilfred Bion who constructed the theories of 'holding' and 'containing,' respectively. Similarly to Bowlby and Ainsworth, Winnicott sought to describe the secure attachment between the infant and mother and its vital importance in developing a solid internal model of self in the child. Winnicott coined the term 'holding environment' to articulate the 'good enough' parent who not only provides the babies basic needs but also protects the baby from undue stresses, slowly allowing them experience frustrations.<sup>150</sup> "The good-enough mother... starts off with an almost complete adaptation to her infant's needs, and as time proceeds she adapts less and less completely, gradually, according to the infant's growing ability to deal with her

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<sup>149</sup> Ibid., 769.

<sup>150</sup> Winnicott, *The Maturation Process and The Facilitating Environment*, 43-55.

failure.”<sup>151</sup> This process of slowly weaning the child off the mother—or caregivers—constant attention and immediate meeting of their needs enables the child to learn to cope with the difficult realities of life in a complex world. Within this secure holding environment, then, the child is safe to play and discover new experiences, as well as the frustrations and distress that come along with exploration of the world.<sup>152</sup> The pastoral caregiver provides a similar function to the good-enough parent as they provide a safe and secure holding environment for the survivor to explore their own emotions and memories of intimate partner violence.

Similarly, Bion’s theory of ‘containing’ limns a belief that an infant projects their feelings of suffering, distress, fear, rage and other overwhelming emotions onto their mother who then processes them and feeds them back to the child in a modified form.<sup>153</sup> In so doing, the mother contains the feelings the infant is unable to manage on their own, adapting it in order to make it palatable for the baby to reintegrate into their self. The capacity of the mother—or primary caregiver—to provide this containment of difficult feelings enables the infant to develop coping skills for painful experiences that will facilitate or inhibit both their sense of self and their coping skills throughout life.<sup>154</sup>

In both Bion’s ‘containing’ and Winnicott’s attachment theory, the primary caregiver provides the safe holding environment for the infant to experience both pleasure and joy, as well as frustration and pain, ultimately containing the unbearable or overwhelming emotions, and modifying them so the infant can integrate them into their

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<sup>151</sup> Winnicott, *Playing and Reality*, 7

<sup>152</sup> *Ibid.*, 58-59.

<sup>153</sup> Wilfred Bion, “Attacks on Linking,” in *Melanie Klein Today: Developments in Theory and Practice, Volume I: Mainly Theory*, ed. E. Bott Spillius (London: Routledge, 1959), 87-101.

<sup>154</sup> Dick Blackwell, “Witness: The Problem of Helpfulness in Encounters With Torture Survivors,” *Journal of Social Work Practice*, 11 (1997): 1.

developing identity. Holding and containing are thus critical skills for practitioners of pastoral care and counseling to utilize with survivors of domestic violence so they can gradually experience the trauma of their abuse memories and emotions within the safety of secure attachment to the practitioner.<sup>155</sup>

### Abuse and the False Self

Attachment theory, Winnicott's 'holding' and Bion's 'containing' concepts have provided a robust model for understanding how identity in forms in childhood. Many people, however, grow up without a secure attachment to a caregiver; perhaps the mother died in childbirth, the father is diagnosed with cancer and spends months in the hospital, or a parent is abusive towards the child. Any of these situations would constitute trauma—defined by a stressful or overwhelming experience—for a child in the absence or abuse of a primary caregiver. While childhood abuse is correlated to adult experiences of intimate partner violence, this essay focuses on recovery of adult female survivors of domestic violence and thus our question becomes how does abuse with a boyfriend, partner or husband impact the survivor's attachment to self, and how can fostering a secure attachment to God nurture their healing?

Employing Winnicott's theory of the development of a True Self and False Self, it is evident that the True Self is the essential core of a person that arises in secure attachment to a good-enough parent. Conversely, the False Self is a covering of one's True Self, based on the feeling of being empty and the belief that one's self is worthless, unloved, and unlovable due to the neglect of the primary caregiver.<sup>156</sup> Whether a woman has previous experiences of abuse or not, when she begins what she believes to be a

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<sup>155</sup> Blackwell, "Witness," 2.

<sup>156</sup> Winnicott, *The Maturation Process and The Facilitating Environment*, 140-152.

loving relationship with a man who eventually reveals his abusive behaviors, her False Self will become dominant through ongoing abuse from her intimate partner. While her attachment pattern to this partner may be any of the insecure types, she will consciously and unconsciously develop coping techniques to adapt to the overwhelming experience of trauma that is abuse from someone who is supposed to be a secure adult attachment figure. As time goes on and she increasingly engages with her False Self rooted in shame, the layers of self-protection distances her not only from her True Self and others, but also negatively impacts her concept of God.<sup>157</sup> This might be illustrated in a demanding, negative, or even abusive God-image, a neglectful, avoidant God, or other shame-inducing God-concepts.

Deeply impacted by the dehumanizing act of abuse, survivors are triggered to identify with their False Self, believing that they are somehow to blame for the abuse they are experiencing. The resulting defensive structure of the False Self in the survivor serves to protect her core True Self from the abuser's attacks on her identity as worthless, unlovable, while consequently allowing for permeation into her False Self as the perpetrator's abusive behaviors contradict her very sense of being human; this can result in a deeply embedded shame-based self.<sup>158</sup> Fundamental to the recovery process from intimate partner violence, then, is developing a secure sense of self through secure relationships to healthy others, as well as to God in order for the transformation of the *imago Dei* to reform one's sense of self.

### **Attachment, Recovery, and God Images**

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<sup>157</sup> Jeffrey Kaufman, ed., *Loss of The Assumptive World: A Theory of Traumatic Loss* (New York: Brunner-Routledge, 2002), 49-54.

<sup>158</sup> Winnicott, *The Maturation Process and The Facilitating Environment*, 140-152.



While attachment theory has provided a framework for understanding the development of self in childhood, it can also be utilized to conceptualize God as an attachment figure. Given that humans are made in the image of God, recovery from intimate partner violence not only requires revising attachment to self and others, but also to the loving God by whom we are beloved. Psychological research has begun to validate that relationship with God helps foster resilience and recovery from trauma.<sup>159</sup> Secure relationship with God can act as a substitute attachment figure in the absence of a secure caregiver attachment—such as a therapist, parent, or friend during recovery.<sup>160</sup> Even with a strong support team, it is very common for Christian survivors of abuse to look to their relationship with God as a source of resiliency, healing, and hope, thus secure attachment to God is a vital component of recovery.<sup>161</sup> Central to this journey as pastoral caregivers, then is facilitating the survivor's revised attachment to their True Self and the true God, as domestic abuse frequently constitutes an extraordinary rupture in both relationships.

### Revising Attachment

In order to heal from the shame of intimate partner violence, it is critical to consider the impact of child-parent attachment and attachment with God in the development of one's True Self and False Self.<sup>162</sup> As survivors of abuse gain the courage to share their stories of pain in the safety of compassionate relationships with others who can hear, embrace, and connect with their pain, the healing of self can begin. Journeying

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<sup>159</sup> Lee A. Kirkpatrick, "An Attachment-Theory Approach to the Psychology of Religion," *International Journal for the Psychology of Religion*, 2 (1992): 3-28.

<sup>160</sup> *Ibid.*, 9.

<sup>161</sup> Fowler and Rountree, "Exploring the Meaning and Role of Spirituality for Women Survivors of Intimate Partner Abuse," 1-13. Also found in Richard Beck and Angie McDonald, "Attachment to God: The Attachment to God Inventory, Tests of Working Model Correspondence, and an Exploration of Faith Group Differences," *Journal of Psychology and Theology* 32, no. 2 (2004): 100.

<sup>162</sup> Maureen Minor, "The Impact of Child-Parent Attachment, Attachment to God and Religious Orientation on Psychological Adjustment," *Journal of Psychology & Theology*, 37, no. 2 (2009): 114-124.

with survivors is a long, intensely emotional experience. However, through the help of a support network of clinical therapists, pastoral care and counseling, family and friends, a survivor's identity as their True Self can be reformed as deeply worthy of love and belonging. The survivor can develop resiliency to their trauma, growing towards a secure attachment to their True Self by the work of revising attachment in the context of safe friendships or family, a therapeutic relationship, recovery small groups, a church family or other healthy relationships.<sup>163</sup> Malformed theology, ecclesiological praxis, one's unique personality or mental illness, in addition to the experience of abuse, may make this process challenging and slow. However, this transformation of identity—just as in early childhood—can occur within secure attachments, mimicking the holding environment and containment of a secure primary caregiver in order to facilitate reconstruction of self as the *imago Dei*.<sup>164</sup>

### God Concepts and Attachment

Just as infants and children develop a sense of self in relation to their primary caregivers, so, too, does this attachment relationship foster the development of the child's understanding and relationship to God.<sup>165</sup> A person's attachment pattern and corresponding internal working model of self provides the foundation for God conceptualization—what they cognitively *believe* to be true of God as well as what they internally emotionally *experience* of God—throughout their life.<sup>166</sup> Research has

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<sup>163</sup> Carrie Doehring, *Internal Desecration: Traumatization and Representations of God* (Maryland: University Press of America, 1993), 134-135; Pauline Boss, *Loss, Trauma, and Resilience: Therapeutic Work with Ambiguous Loss* (New York: W. W. Norton & Company, Inc., 2006), 162-176; van der Kolk, *The Body Keeps the Score*, 122-143.

<sup>164</sup> Boss, *Loss, Trauma, and Resilience*, 122-124, 168.

<sup>165</sup> Ana Rizutto, *The Birth of the Living God: A Psychoanalytic Study* (Illinois: The University of Chicago Press, 1979), 8; Doehring, *Internal Desecration*, 130.

<sup>166</sup> Glendon Moriarty and Louis Hoffman, eds., *God Image Handbook for Spiritual Counseling and Psychotherapy: Research, Theory, and Practice* (New York: Routledge, 2013), 1-12.

demonstrated that secure attachment in early childhood corresponds to a sense of closeness with God,<sup>167</sup> and particularly important, that positive, supportive caregiving in childhood is indicative of perceptions of God as nurturing and powerful throughout the lifespan.<sup>168</sup> Numerous studies have also correlated that loving parenting, especially from both parents, is also correlated with loving concepts of God.<sup>169</sup> Conversely, studies have found that people with insecure, anxious, or avoidant attachment patterns link negative experiences of early caregiving with negative perceptions of God.<sup>170</sup> Essentially this means that a person's positive or negative concepts of God are directly linked to their positive or negative experiences of parenting: attachment pattern to parents correlates with attachment pattern to God. If parents are loving and nurturing, the child will perceive God similarly, whereas if parents are judgmental, absent, authoritarian or abusive, God concepts will mirror this relationship.

#### Androcentric God Images

Images of God, however, are also formulated through the lifetime by experiences with other important attachment figures, and also the teachings of the Church. For Christian survivors of intimate partner violence, there is a problematic two-fold distortion

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<sup>167</sup> Jane R. Dickie et al., "Parent-Child Relationships and Children's Images of God," *Journal for the Scientific Study of Religion*, 36 (1997): 25-43; Amy K. Eshleman et al., "Mother God, Father God: Children's Perception of God's Distance," *International Journal for the Psychology of Religion*, 9 (1999): 139-146; R. T. Lawrence, "Measuring the Image of God: The God Image Inventory and the God Image Scales," *Journal of Psychology and Theology*, 25 (1997): 214-226.

<sup>168</sup> Dickie et al., "Parent-Child Relationships and Children's Images of God," 42.

<sup>169</sup> Karen Grossman, et al., "The Uniqueness of The Child-Father Attachment Relationship: Fathers' Sensitive and Challenging Play as a Pivotal Variable In a 16-year Longitudinal Study," *Social Development*, 11 (2002): 307-331; Pehr Granqvist et al., "Examining Relations Among Attachment, Religiosity, and New Age Spirituality Using the Adult Attachment Interview," *Developmental Psychology*, 43 (2007): 590-601.

<sup>170</sup> William G. Justice and Warren Lambert, "A Comparative Study of The Language People Use to Describe The Personalities of God and Their Earthly Parents," *The Journal of Pastoral Care*, 40 (1986): 166-172.

of God perpetuated by androcentric images of God<sup>171</sup> and the male attachment figure who is the abusive boyfriend or husband. As feminist theologians around the world have limned, there is a direct correlation between the almost exclusive male images of God as an angry, authoritarian, dominating, and sexist father both oppresses women's personhood as the *imago Dei*, and diminishes their capacity for close, loving relationship with God.<sup>172</sup> Reclaiming the feminine imagery, symbols, and language for God used throughout the Bible, is therefore a vital component of recovery for Christian survivors of abuse who have often had their faith community communicated to them that God wants them to submit to their abusive male partner. Feminist Christian practices of spirituality can thus reconstruct truer images of God as a loving, nurturing, compassionate, protective, provider, healer, sustainer, and co-sufferer in their pain. Through pastoral care and counseling survivors can be empowered to reconstruct their concepts of God through feminine imagery that supports and enables their healing from domestic abuse from shame to her rightful identity as the *imago Dei*.

### **Prayer: Restoring the God Image and the *Imago Dei***

Research in psychology and neuroscience have demonstrated that contemplative and meditative prayer practices are associated with healing from trauma as they foster

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<sup>171</sup> Feminist theologies have raised the question of God's 'maleness' as represented in historical Christian theology, connecting it with violence perpetrated against women. This has been explored in such books by prominent feminist theologians as: Mary Daly, *Beyond God the Father: Toward a Philosophy of Women's Liberation* (Boston, MA: Beacon Press, 1985); Rosemary R. Ruether, *Sexism and God Talk: Toward a Feminist Theology* (Mass: Beacon Press, 1993); Elizabeth Johnson, *She Who Is: The Mystery of God in Feminist Theological Discourse, Tenth Anniversary Edition* (New York: The Crossroad Publishing Company, 2002). Elisabeth Schüssler Fiorenza, *Jesus: Miriam's Child, Sophia's Prophet: Critical Issues in Feminist Christology* (New York, NY: Bloomsbury T&T Clark, 2015). It is critical to note here that women of color theologians also push against the exclusive male language of God including: Chung Hyun Kyung, *Struggle to be The Sun Again: Introducing Asian Women's Theology* (Maryknoll, NY: Orbis Books, 1990); and Crumpton, *A Womanist Pastoral Theology Against Intimate Partner Violence*.

<sup>172</sup> The correlation of androcentric images of God and oppression of women is the primary discourse in Ruether, *Sexism and God Talk* and Johnson, *She Who Is*.

intimacy with God.<sup>173</sup> As an essential part of healing for Christian survivors is to reconstruct their God concepts such that they can integrate their trauma narratives with narratives of a loving God who did not stop their abuse from happening.<sup>174</sup> The survivor's explicit, cognitive beliefs about God must be reformed to make new meanings with their implicit emotional experiences of God in light of their trauma.<sup>175</sup> Pastoral caregivers have the unique position of providing spiritual support in ways that therapists cannot, and consequently have an absolutely essential role in a survivor's journey of healing. Not only can they help provide care that includes feminist theological reframing of Scripture that enables their transformation of self-concepts and God images after abuse, but pastoral caregivers are also in an ideal position to engage survivors in Christian spiritual practices of healing through various types of prayer.<sup>176</sup> Indeed, attachment behaviors such as prayer can be particularly beneficial to survivors of abuse, enabling the development or reformation of a secure attachment with the loving God who suffers with them in their pain and calls them to resist abuse.<sup>177</sup>

### **Inner Healing Prayer**

It is my proposal that the Christian practice of Inner Healing Prayer—an affective, imaginal form of prayer rooted in the spiritual work of Ignatius of Loyola's *Spiritual*

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<sup>173</sup> Jonathan T. Hart, Alicia Limke, and Phillip R. Budd, "Attachment and Faith Development," *Journal of Psychology and Theology*, 38 (2010): 122-128.

<sup>174</sup> Marcia Webb et al., "The Suffering with God Scale: Theoretical Development, Psychometric Analyses, and Relationships with Indices of Religiosity," *Research in the Social Scientific Study of Religion*, 21 (2010): 71-94.

<sup>175</sup> Rizutto, *The Birth of the Living God*, 71-72.; Moriarty and Hoffman, *God Image Handbook for Spiritual Counseling and Psychotherapy*, 15-16, 191.

<sup>176</sup> Fowler and Rountree, "Exploring the Meaning and Role of Spirituality," 10-11.

<sup>177</sup> Pehr Granqvist and Lee A. Kirkpatrick, "Religion, Spirituality, and Attachment," in *APA Handbook of Psychology, Religion, and Spirituality*, vol. 1, eds. Kenneth I. Pargament, Julie J. Exline, and James W. Jones, (Washington, DC: American Psychological Association, 2013), 139-155.

*Exercises*<sup>178</sup>—provides pastoral caregivers with a powerful tool of transformation for survivors of intimate partner violence. The model of Inner Healing Prayer I offer is an integration and adaptation based off the contemporary writings of Leanne Payne,<sup>179</sup> Rick Richardson,<sup>180</sup> and Brad Jersak,<sup>181</sup> with the goal of healing the trauma of abuse memories through God’s compassionate interaction with them. Bringing their ideas together, Inner Healing Prayer is characterized by an inner freedom from root wounds, often found in childhood, releasing one from their negative impact in their present life by employing the participant’s God-given imagination to encounter the real presence of Jesus who reshapes their past memories with his healing touch.

### Stage One

The practitioner first grounds the survivor in safety and security in her body through breathing exercises, and then invites her to imagine in her mind a place where she is fully safe and at peace. This place can be real or imagined; what matters most is that the survivor can as vividly as possible color in this safe place and attach securely to it in her emotions and body. It may be helpful for the practitioner—who functions as a facilitator in the practice of Inner Healing Prayer—to provide calm, gentle support throughout the experience by offering suggestions that help the survivor activate her

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<sup>178</sup> The significant historical precedent for imaginative prayer in the Christian church was perhaps first seen in the spiritual practices of the Mystics, as witnessed in the writings of Julian of Norwich, Ignatius of Loyola, Teresa of Avila, and others. Ignatius’ *Exercises* represents the most substantial and direct writing employing the imaginative in spiritual formation and prayer and was outlined in Chapter 2, as were the primary contemporary writers on IHP. The theory and model of Inner Healing Prayer utilized in this dissertation is primarily based on Brad Jersak’s model, which centers on Jesus’ regular practice of listening to the Father (John 8:28; 12:49).

<sup>179</sup> Leanne Payne, *Restoring the Christian Soul: Overcoming Barriers to Completion in Christ Through Healing Prayer* (Michigan : Baker Publishing Group, 1991); Leanne Payne, *Listening Prayer: Learning to Hear God’s Voice and Keep a Prayer Journal* (Michigan: Baker Publishing Group, 1994); Leanne Payne, *The Healing Presence: Curing the Soul Through Union with Christ* (Michigan: Hamewith Books, 1995).

<sup>180</sup> Richardson, *Experiencing Healing Prayer*.

<sup>181</sup> Jersak, *God Can You Hear Me?*

imaginal capacity. This could involve phrasing such as, “Perhaps you are in a beautiful wood cabin in the woods, curled up by a warm fire with a hot cup of tea. Or maybe you are at the ocean, watching the waves gently roll in to the shore as the warm sun shines upon. However your safe place appears to you is perfectly fine.” In this way the practitioner helps activate the creative parts of the survivor’s mind which may have been blocked by the trauma of her abuse, while also acting agentically to empower her to choose her imaginal experience.

### Stage Two

Once the survivor has been grounded in both the safety of her body and her safe, peaceful place in her mind, the practitioner can invite her to image God or Jesus to be present with her in her safe place. It is important that the survivor have complete control over how God appears to her and how close she is to God in her safe place. Again, the practitioner might encourage the survivor with different suggestions of how God might look. “Perhaps God comes to you as a beautiful butterfly, or a golden retriever, or maybe like Aslan from Narnia, or a beautiful Asian woman like Sarayu in *The Shack*. However God appears to you is perfectly fine.” In this stage, then, previous discussions of the feminist images, symbols and language for God may come in quite useful. It might be wise to have an initial conversation—prior to beginning the IHP practice the first time—about how the survivor understands and conceptualizes God, and creatively explore together safe and peaceful God images. If the survivor is unable to verbalize any positive, affirming God images they might use in IHP, the caregiver can continue with the discussion, the grounding breathing exercises, and safe place practice, until the survivor feels ready or able to conceptualize God in love and safety. It may take some time or

ongoing practices of Inner Healing Prayer to foster enough security in this stage with imagining God as loving and compassionate. As the aim is to foster secure attachment to the Triune God/Christ/Spirit, only after secure attachment with a positive God image should the practitioner move onwards in the prayer towards healing trauma memories.

### Stage Three

From a therapeutic stance in terms of working with female survivors of intimate partner violence, the goal of Inner Healing Prayer is to ‘heal’ memories of the abuse so the survivor can be free from the ongoing trauma of the abuse. As explored in the first essay, this neurophysiologically rewires the brain from trauma triggers to pathways of peace, love, and acceptance. As Jesus compassionately interacts with the abuse experiences, the survivor is enabled to reconstruct new, hopeful meanings of the abuse within the broader context of God’s love and her whole self, in order to develop alternative, preferred narratives that constitute a transformed identity as the *imago Dei*. In Stage Three, then, the practitioner carefully facilitates the survivor re-entering her memories of abuse from a witnessing stance—to avoid re-traumatization—and invites Jesus/God to interact with the memory. As God does so, perhaps standing up to the perpetrator and declaring his actions unjust and unacceptable, turning towards her past self within the abuse and leading her out of it, the survivor *experientially* encounters the loving, compassionate God who suffers with her, stands in solidarity that the abuse was wrong, and acts with and for her to resist. Through this form of Inner Healing Prayer both the practitioner and God provide the safe, secure holding and containing functions necessary for the survivor to process and heal her trauma memories.

### **Pastoral Prayer Praxis for Recovery**



As we have seen, the self is continually being formed and deformed within the multivariate contexts humans exist in; however, human and divine relationships provide the fundamental conduit of identity. Given that intimate partner violence is extremely detrimental to the development of a True Self, Christian survivors can benefit from pastoral care and counseling that enables them to form a secure attachment to self, others, and God. Now that we have established a basic understanding of the process of Inner Healing Prayer, we can delve deeper into my proposal that this praxis empowers survivors to be restored as the *imago Dei* as they experience the healing presence of God's love suffering with them in their experiences of trauma.

The field of neuropsychology adds an important layer to our discussion of healing and Inner Healing Prayer, as we shall soon discover in depth in the next chapter. However, it is relevant here to introduce the concept of plasticity in neuropsychology as it provides a critical framework for my conceptualization of healing the self after trauma by means of Inner Healing Prayer. Essentially, the good news of neuroplasticity for our purposes, is that survivors can recover through a process of creating new, positive experiences, enabling the stuck, fragmented trauma memories to be transformed. This theory has more recently been brought to light by the research of neuropsychodynamic trauma expert, Bessel van der Kolk. His recent critical research in neurophysiology and spirituality demonstrates that the embodiment of contemplative or experiential spiritual practices creates new neural patterns essential to trauma healing.<sup>182</sup> From this foundation, then, a neurotheological perspective can be proposed that purports that healing of self is

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<sup>182</sup> van der Kolk, *The Body Keeps The Score*, 205-348.

nurtured through spiritual practices that foster a secure attachment to God,<sup>183</sup> who can transform trauma memories, and the fragmented self from trauma survivor into the *imago Dei*. Consequently, neuropsychospirituality offers an essential guidance for re-theorizing the construction of a transformed, integrated self that takes seriously the challenge of multiplicity after trauma.

While each of our sources for conceptualizing the self have proposed a theory of multiplicity that views disintegration of a binary personhood as that which challenges a cohesive identity, the fragmentation resulting from trauma is particularly harmful to personhood. Integration, as we have seen, remains the critical work of healing within both our Christian mystical models, Winnicott's psychological model, and trauma theory. The question remains as to what the *process* of healing might look like in the recovery of a fragmented self after trauma in view of neuroplasticity. I will next revisit my model of Inner Healing Prayer through the lens of neuroscience to gain further traction for my theory.

### **Inner Healing Prayer and Healing the Self: A Christian Model**

Inner Healing Prayer (IHP) is a contemporary Christian spiritual practice that is based on the concept that humans can connect personally with God by means of their imaginal capacity, and then together go back into the person's painful memories where Jesus facilitates transformation to wounds and trauma.<sup>184</sup> IHP thus involves reprocessing the trauma memories utilizing the techniques of visualization and listening to address

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<sup>183</sup> David Hogue, *Remembering the Future, Imaging the Past: Story, Ritual, and the Human Brain* (Ohio: The Pilgrim Press, 2003), 181-196.

<sup>184</sup> Payne, *Restoring the Christian Soul*, 67-80; Fernando Garzon and Lori Burkett, "Healing of Memories: Models, Research, Future Directions," *Journal of Psychology and Christianity*, 21, no. 1 (2002): 42-49; Richardson, *Experiencing Healing Prayer*, 149-160; Tan, "Use of Prayer and Scripture in Cognitive-Behavioral Therapy," 103-104; Jersak, *Can You Hear Me?*, 231-259.

particular emotions and memories connected to historical trauma experiences. In this way, IHP's concept of the self can be understood as the primordial good *imago Dei* that is also present in multiplicity from a chronological or historiological viewpoint; the self imaginatively goes back in time with Jesus to any number of memories to interact with their past selves in the midst of their traumatic history. In comparison to the higher/True Self and the lower/False self theories previously presented, IHP can be interpreted to resonate with this dichotomy of a whole essential self and a wounded self; however, this framework expands the view of multiplicity by placing selfhood within innumerable historical past selves based on memory. In plain terms, what I mean is that a present individual post-abuse can go back into her memories, imaginatively viewing her former self in an experience of abuse. Here she can not only witness any number of past selves in trauma from the viewpoint of her present, more resilient self, but she can also imaginatively interact with them through the healing power of Jesus transforming her past abuse memories. Let's dive deeper in to this practice of IHP now.

### The Prayer Practice

While Inner Healing Prayer has not yet been researched neuroscientifically, others studies on similar processes suggest it works on the brain in the ways I shall next articulate. Engaging in IHP takes places from a witnessing stance as the self focuses on Jesus' presence in a trauma memory and sees how he compassionately engages the traumatized past self. This re-forms the memory in the safety and love of Jesus, who suffers with the past self and engages in healing acts towards justice and freedom for the self. IHP can also involve the agency of the self in healing the past trauma memory; the self is likewise invited to take healing actions towards their wounded past self. This

practice of reconsolidating memories through IHP, then, involves gaining awareness of the past self in trauma memories from their separate present self, and acting alongside the compassionate Christ to nurture transformative experiences that cause the trauma neural network to be rewired.<sup>185</sup> This occurs through the process of holding the implicit trauma memories in a state of new understanding, love, and compassion held by Jesus and the present self. By directly targeting these implicit memories of trauma—or the images and emotions of trauma—one’s brain is enabled to reconsolidate the fragmented pieces of trauma in a healed, integrated schema of love and compassion towards self.<sup>186</sup>

Importantly, the act of vividly imaging these implicit memories through Inner Healing Prayer enables the self to deeply attach to the emotions of both the trauma experience and the compassion of Jesus, re-coding the memory in a healed state.

Thus, we can see that neuroscience adds important insights into my proposal that Inner Healing Prayer fosters secure attachment for survivors with the loving, compassionate God of the Bible, enabling their reformation of self as the *imago Dei*. This is echoed in the vision of the Christian mystics who endeavored in their practices and writings to integrate the self in intimate relationship with God. Similarly to Winnicott’s psychological model, IHP requires a secure attachment figure for integration to occur; however, this attachment to God cannot be seen as separate from the agency and awareness of the self. As the self goes back into trauma memories with Jesus, together they enable the brain to integrate the fragmented historical selves into wholeness by the healing power of the Holy Spirit.

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<sup>185</sup> Hogue, *Remembering the Future*, 186-196; Bruce Ecker, Robin Ticic, and Laurel Hulley, *Unlocking the Emotional Brain: Eliminating Symptoms at Their Roots Using Memory Reconsolidation* (New York: Routledge, 2012), 31.

<sup>186</sup> Ecker, Ticic, and Hulley, *Unlocking the Emotional Brain*, 15-18, 97-104.

## SUMMARY

While there are many theories of the development of the self, a common thread of multiplicity and integration has emerged as we have explored the concepts of personhood through our Christian mystics—Hadewijch and Julian of Norwich, Winnicott’s psychoanalysis of the True and False Selves, and my Christian pastoral care model of transformation: Inner Healing Prayer. As informed by these sources, we can ultimately conceptualize a theological anthropology that acknowledges the multiplicity and oneness of the Triune God, which is also reflected in our self as the *imago Dei*. No matter what suffering or trauma a person may have experienced, then, the inseparable essence of our self is indeed the substance of God. Thus, we arrive back at the place we started from within our framework of a Christian theological anthropology: the human quest to know thy True Self is inextricably linked to the search to find one’s self wholly within God who heals and restores us to the *imago Dei*.

This journey of healing continues in the next chapter as I apply the lens of neuroscience to my research, specifically addressing how the brain is impacted by trauma, and how memory forms and can be reconstructed with new meanings. I will also explore the vital role of narrative in transforming the self after intimate partner violence, as survivors wrestle with their complex grief and numerous losses as they heal from domestic abuse.

## CHAPTER 4

### THE TELLING STORY: NEUROSPIRITUALITY AND NARRATIVE

#### PASTORAL PRAXIS

Women's stories have not been told. And without stories there is no articulation of experience. Without stories a woman is lost when she comes to make the important decisions of her life. She does not learn the value of her struggles, to celebrate her strengths, to comprehend her pain. Without stories she cannot comprehend herself. Without stories she is alienated from those deeper experiences of self and world that have been called spiritual or religious. She is closed in silence. The expression of women's spiritual quest is integrally related to the telling of women's stories. If women's stories are not told, the depth of women's souls will not be known.<sup>187</sup>

— Carole Christ

### Introduction

In the last chapter we discovered how the overwhelming experience of intimate partner violence often profoundly disrupts the survivor's sense of self, rooting their identity in shame, guilt, self-doubt, and disempowerment. Using attachment theory I explored how the journey of recovery for Christian survivors can be nurtured through Inner Healing Prayer as a model for developing a safe, secure, loving relationship with God who reforms their personhood as the beloved *imago Dei*. I proposed that neuroscience is a helpful conversation partner in light of neuroplasticity—the capacity of the brain to restructure and reshape itself due to its malleability. This is vital to our quest to understand the ongoing trauma of domestic abuse, and what role spirituality—specifically Inner Healing Prayer—plays in the lives of Christian female survivors as they seek to heal. The primary reason for this is that trauma is stored in the brain—even long

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<sup>187</sup> Carol Christ, *Diving Deep and Surfacing: Women Writers on Spiritual Quest* (Boston: Beacon Press, 1980), 1.

after the abuse ends—continuing to impact survivors as emotions, thoughts, memories, and experiences trigger and reinforce their shame-based sense of self. Understandings from neuroscience, then, offers an essential guidance for re-theorizing the construction of an integrated identity for faith-based female survivors, and for the pastoral care and counseling supporting their healing.

In this chapter, I will explore how the embodied Christian prayer practices of breathing, mindfulness, and Inner Healing Prayer may contribute to survivors' well-being utilizing the lens of neuroscience to understand the functions of the brain in responding to and recovering from abuse. Given that trauma is stored in the brain in fragmented and often painful memories, Inner Healing Prayer is a promising discovery for trauma healing as this practice focuses the survivor's attention on abuse memories within the compassionate presence of Jesus who transforms the memories in an integrated way. Inner Healing Prayer will thus be examined from a trauma-informed neuroscientific perspective, revealing the vital healing roles of remembering, speaking, and witnessing to survivors' stories of intimate partner violence. Narrative therapy is subsequently interwoven in this multi-dimensional conversation as they provide further insights for our pastoral care framework for helping survivors break the silence of abuse. As we shall discover, healing is enacted as survivors are empowered tell their stories, grieve their trauma within the context of loving relationships, and ultimately cultivate new, hopeful meanings of their stories that enable their transformation as the *imago Dei*.

### **Neurophysiology and Practices of Healing**

Through the concept of neuroplasticity, neuroscience reveals that intentionally engaging in contemplative practices can change our brains, fostering healing, and, I

argue, a greater capacity to live more spiritually-infused lives as the *imago Dei*.

International author, speaker, and UCLA psychiatrist, Daniel Siegel, brings clarity to the concept of neuroplasticity, defining it as “the term used to describe this capacity for creating new neural connections and growing new neurons in response to experience.”<sup>188</sup>

In addition to this incredible insight that the brain actually changes and adapts throughout the entire lifespan—both to trauma experiences and healing interventions—Siegel and other researchers in the fields of psychology and neuroscience offer hope to faith-based survivors in light of their research on how spiritual practices develop new neural pathways. The majority of this research has been on contemplative practices such as focused breathing and mindfulness, often from a Buddhist model of prayer. Despite the gap in research on similar Christian practices, this evidence-based research represents an exciting opportunity for the field of pastoral theology, care, and counseling. As we know that breathing, mindfulness, and other contemplative spiritual practices facilitate healing after trauma, it follows that—hypothetically—related Christian practices would do so as well. With this in mind, I have chosen to research the practice of Inner Healing Prayer for this dissertation, although it is an imaginal practice more than an explicitly contemplative one. Still, in view of the vital role memory plays in recovering from trauma, IHP most directly connects with abuse memories and, as the findings of my research suggest, offers an incredible model of healing for survivors from domestic abuse. As my model employs techniques of both breathing and mindfulness, the following discussion of my model of IHP is framed by these spiritual practices. Following this discourse, we will delve into the

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<sup>188</sup> Siegel, *Mindsight*, 269.



impact of trauma on memory, exploring how the fragmentation of the brain in domestic abuse can be reintegrated through the transformational power of Inner Healing Prayer.

For our purpose of trauma recovery for Christian female survivors, the first two techniques of breathing and mindfulness provide a foundation on which to engage the Christ-centered prayer practice of IHP, as they function to effectively ground survivors in embodied safety and peace before they engage their memories of abuse. As we shall learn, through weekly practice of these integrated, embodied tools of spirituality, survivors are enabled towards recovery by healing their trauma memories and reframing them with new, more hopeful meanings within an integrated self.

### Breathing and Mindfulness

Requisite for survivors is to first establish safety and stabilization, and as such, beginning with the grounding techniques of deep breathing and mindfulness serves to lay the foundation of safety within one's body. As the experience of intimate partner violence is held within the body—whether the survivor is aware of it or not—the intentional act of focusing on one's breathing teaches the survivor to inhabit their body in safety.<sup>189</sup> This is due to the act of purposefully slowing down one's breathing, extending the out breath just a bit longer. This action of paying attention to the breath and actively slowing it down automatically engages one's parasympathetic nervous system, calming the fear response and thus creating the possibility for embodied peace.<sup>190</sup> By intentionally grounding oneself in the present moment through this breath exercise, the survivor not only physically feels peace and safety within their body, but their trauma-informed neural network is disrupted and the opportunity to cultivate the drive to calm and connect drive

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<sup>189</sup> van der Kolk, *The Body Keeps the Score*, 209.

<sup>190</sup> Ibid.

is nurtured. This creates the possibility of re-wiring the brain away from trauma towards peace through healing experiences that foster brain ability for awareness, such as the practice of mindfulness.

One of the fundamental challenges to recovering from domestic violence is that trauma has a cumulative effect and is often embedded in the subconscious; the practice of mindfulness draws intentional awareness that can open up spaces to change this trauma pattern.<sup>191</sup> Not only is trauma formed in our neural networks, but the strength of this trauma neural network is due to the intensity and duration of the trauma, and the strength of our reaction to the trauma. Essentially, the stronger the trauma experience of the survivor, the stronger it gets wired in their brain—whether it is one large trauma or many small events.<sup>192</sup> In order to heal, then, the survivor must calm their fear responses as one cannot heal in a triggered state. Just as the breath exercise begins the process of disrupting a triggered state and nurturing one's peace drive, the act of mindfulness—intentional awareness—similarly breaks the cycle of trauma by focusing our attention in a different way.

Through mindfulness practices such as drawing one's awareness to their body through a body scan exercise, or paying attention to the sounds of one's breathing or other noises in the environment, the survivor is again grounded in the present and in their body.<sup>193</sup> By simply noticing one's body, one's breath, or the environment, the new experience of peace is nurtured. These practices produce biochemical reactions that release neurotransmitters that help to re-wire the brain, particularly the amygdala where

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<sup>191</sup> Siang-Yan Tan, *Counseling and Psychotherapy: A Christian Perspective* (Michigan: Baker Academic, 2011), 230-231.

<sup>192</sup> Alane Daugherty, *From Mindfulness to Heartfulness: A Journey of Transformation Through the Science of Embodiment* (Indiana: Balboa Press, 2014), 49-50.

<sup>193</sup> Tan, *Counseling and Psychotherapy*, 231.; van der Kolk, *The Body Keeps the Score*, 210.

anxiety and fear is stored.<sup>194</sup> Again, the stronger the reaction, the stronger the wiring, so it is essential these practices are deeply felt by the survivor to re-wire the brain from their trauma neural network to a peaceful integrated brain. Together, then, we see how regular and intentional practices of breathing and mindful awareness of one's bodily sensations cultivates non-reactivity, thus increasing the survivor's embodied capacity for awareness and emotional self-regulation. These are the basic keys to healing: disrupting and stopping the old trauma response patterns, and then replacing them with transformational practices that re-form the trauma memory patterns at their root.<sup>195</sup>

### **Christ-Centered Imaginative Prayer: Embodied Compassion**

The concept of plasticity in neuroscience is the foundation for healing after trauma: by creating new experiences of compassion, the old experience of domestic violence can be replaced. As my research results reveal, the Christian practice of Inner Healing Prayer enables survivors to hold their trauma in the compassionate presence of Jesus, leading to my hypothesis that Inner Healing Prayer re-wires their brain through God's transformational presence reshaping their abuse memories and providing new, hopeful meanings. With my model of Inner Healing Prayer, survivors are empowered to move beyond breathing and mindfulness techniques that disrupt or stop the trauma neural network, towards actually reforming a new neural network based on compassion. In order to achieve this, the emotional brain—the limbic system, which includes the amygdala—must be engaged. As implicit memory is stored here in the emotional brain, survivors

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<sup>194</sup> Louis Cozolino, *The Neuroscience of Psychotherapy: Healing the Social Brain* (New York: W. W. Norton & Company, Inc., 2010), 71, 236.

<sup>195</sup> Daugherty, *From Mindfulness to Heartfulness*, 58, 189.

must have a deeply emotive internal experience to rewire their trauma neural network.<sup>196</sup> Essential to healing, then, is the cultivation of an embodied self held from a compassionate stance, as opposed to the blaming, shaming, and judgmental frame of domestic violence.<sup>197</sup> From within the grounded state that breathe and mindful exercises create, the survivor's True Self can be re-formed in the *imago Dei* by addressing the implicit memories of abuse within the compassionate presence of Jesus.

### Inner Healing Prayer

Inner Healing Prayer involves reprocessing the trauma memories utilizing the techniques of visualization and listening to address particular emotions and memories<sup>198</sup> connected to the survivor's abuse. Focusing on Jesus' presence in an abuse memory and seeing how he compassionately engages the survivor during the domestic violence experience, re-forms the memory in the safety and love of Jesus, who suffers with the survivor and commits to justice and freedom for her. This practice of healing memories through Inner Healing Prayer, then, involves the steps of noticing and refocusing as breathing and mindfulness exercises do, but importantly moves beyond these functions to nurture transformative healing experiences that cause the trauma neural network to be rewired.<sup>199</sup> I propose this occurs through the process of holding the implicit trauma memories in a state of new understanding, love, and compassion held by Jesus. By directly targeting these implicit memories of domestic violence—or the images and emotions of abuse—the survivor's brain is enabled to reconsolidate the fragmented

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<sup>196</sup> Daugherty, *From Mindfulness to Heartfulness*, 57-58, 123.; Cozolino, *The Neuroscience of Psychotherapy*, 27.

<sup>197</sup> Sharon Begley, *Train Your Mind, Change Your Brain: How a New Science Reveals Our Extraordinary Potential to Transform Ourselves* (New York: Ballantine Books, 2008), 235-237.

<sup>198</sup> Payne, *Listening Prayer*, 117, 15.; Garzon and Burkett, "Healing of Memories," 42-48; Jersak, *Can You Hear Me?*, 41-70.; Tan, "Use of Prayer and Scripture," 104.

<sup>199</sup> Ecker, Ticic, and Hulley, *Unlocking the Emotional Brain*, 127-18.

pieces of trauma in a healed, integrated schema of love and compassion towards self as survivor.<sup>200</sup> Importantly, the act of vividly imaging these implicit memories through Inner Healing Prayer enables the survivor to deeply attach to the emotions of both the trauma experience and the compassion of Jesus, re-coding the memory in a healed state.

### **Trauma and Memory**

Long after a trauma event is over, the psychological harm of atrocities—such as intimate partner violence—often persist for survivors, leading to ongoing traumatization in the face of the unspeakable reality of terror. As we discovered in the previous chapters, trauma occurs when a person is overwhelmed by something beyond their control, such as in the case of a single event of rape or prolonged and repeated abuse by a boyfriend or husband. While a woman will invariably face the public shame and stigma of being a victim, in addition to the very real possibility of ongoing violence even after she leaves an abusive partner, the unending nature of trauma for a survivor is also inextricably linked to her own brain. Given our focus on intimate partner violence, it is critical to understand that when a woman experiences this form of trauma, her brain acts to protect herself by moving into survival mode which leads to the unintended consequence of her trauma memories being fragmented and “stuck” in her mind.<sup>201</sup> As the survivor part of her brain takes over her logical, conscious part of her brain, the embedded and unresolved trauma memories contribute to ongoing trauma reactions including depression, anxiety, numbness, flashbacks, feelings of shame and/or guilt, a variety of physical illnesses, to

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<sup>200</sup> Ibid., 13-37.

<sup>201</sup> Herman, *Trauma and Recovery*, 1, 39; Peter A. Levine, *In an Unspoken Voice: How the Body Releases Trauma and Restores Goodness* (Berkeley: North Atlantic Books, 2010), 138.

the more complex experience of dissociation and PTSD.<sup>202</sup> In this way, then, the survivor is held captive to the trauma of domestic violence as though the event is still occurring, as indeed it is due to the stuck nature of her trauma memory.

Understanding how the brain functions in experiences of trauma is requisite in order to comprehend how the normal human response of survival also blocks the healing of trauma memories. To begin, it is helpful to view the brain in three parts: the reptilian brain, which maintains basic bodily functions; the instinctual limbic system which deals with fear and pleasure; and the cerebral cortex, which is the conscious, logical part of the brain.<sup>203</sup> It is important to note that due to its nonconscious functioning, the limbic system is much faster than the cerebral cortex. Within the limbic system—often referred to as the “emotional brain”—is the amygdala, which plays a key part in our survival due to its function of sensing danger and activating the brain’s alarm system.<sup>204</sup> In the face of trauma, it is the amygdala that has interpreted information—such as yelling, threats, or physical arm in domestic abuse—perceiving the situation as dangerous and sending a distress signal to the hypothalamus. This part of the brain, also located in the limbic system, acts as the command center communicating with the body to respond to the danger through the nervous system.<sup>205</sup> When the amygdala sets off the brain’s alarm bells, the sympathetic nervous system responds by flooding the body with adrenaline, diverting blood and oxygen to the muscles, and switching off all non-essential systems to

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<sup>202</sup> Peter A. Levine, *Waking the Tiger: Healing Trauma* (Berkeley, CA: North Atlantic Books, 1997), 63, 106, 149; van der Kolk, *The Body Keeps the Score*, 7-51.

<sup>203</sup> Levine, *Waking the Tiger*, 85-98; Marion Solomon and Daniel Siegel, *Healing Trauma: Attachment, Mind, Body, and Brain* (New York: W. W. Norton & Company, Inc., 2003), 19-23.

<sup>204</sup> Levine, *In an Unspoken Voice*, 323; Solomon and Siegel, *Healing Trauma*, 121-136; Daugherty, *From Mindfulness to Heartfulness*, 54; van der Kolk, *The Body Keeps the Score*, 33-42.

<sup>205</sup> Cozolino, *The Neuroscience of Psychotherapy*, 5-6.

focus on survival.<sup>206</sup> In this way the brain functions to protect the person from trauma by the instinctual responses of survival, which are fight, flight, or the oft-forgotten response of freezing.

While the unconscious brain acts with such swiftness that one is not even aware of their own neurophysiological responses, this survival instinct poses a significant challenge to the healing of trauma as the conscious parts of the brain are overridden in the face of sympathetic response.<sup>207</sup> This normal human reaction to danger, then, also serves to impair psychological healing due the brain's instinctive, nonconscious processing of trauma memories. Ordinarily the hippocampus is associated with memory and functions to encode and file our experiences so we can retrieve the memories later.<sup>208</sup> When a woman experiences the trauma of intimate partner violence, the hippocampus stops this essential processing of memories in order to pump out cortisol—the stress hormone—to enable her to stop feeling pain and focus on survival. This survival mechanism protects the woman from feeling the full weight of the trauma of her abuse experience; however, it also complicates her experience due to her trauma memories being stuck in the brain's nonconscious, nonverbal limbic system.<sup>209</sup> The survivor's trauma memories continue to be deeply and emotively felt, but her experience of abuse is understood in a fragmented, disorganized, and often incoherent manner. This may be marked by a lack of memory recall of the abuse, trigger reactions, strong emotional distress, confusion of the past with the present, highly charged flashbacks, to even complete dissociation.

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<sup>206</sup> van der Kolk, *The Body Keeps the Score*, 61; Levine, *In an Unspoken Voice*, 196; Solomon and Siegel, *Healing Trauma*, 125-126.

<sup>207</sup> Solomon and Siegel, *Healing Trauma*, 125; van der Kolk, *The Body Keeps the Score*, 51-79.

<sup>208</sup> Ecker, Ticic and Hulley, *Unlocking the Emotional Brain*, 204-209; Solomon and Siegel, *Healing Trauma*, 26.

<sup>209</sup> Solomon and Siegel, *Healing Trauma*, 20, 47; Levine, *Trauma and Memory*, 37-50.

Underneath this understanding of trauma and memory is the relatively new discovery of neuroscience called ‘neuroplasticity’—the concept that the brain can reorganize itself to adapt to new experiences by creating new—or adjusting existing—neural pathways.<sup>210</sup> This is both the challenge and hope for trauma survivors such as victims of intimate partner violence. Given that trauma is made more complex by both the strength of the emotional—or limbic—response, as well as any repeated experience of abuse, the brain adapts by creating strong neural networks entrenched in trauma.<sup>211</sup> Triggers such as words, feelings, sounds, smells, or really anything associated with the experience of abuse, cause the neural network to be reinforced as memory is deeply encoded with emotion. As the alarm system continues to go off, the memories are essentially stuck in the limbic system. The paradox for the survivor is thus an ongoing, profoundly embodied experience of trauma, characterized by an inability to coherently narrate her story of intimate partner violence.<sup>212</sup>

### **Healing as Memory Reconsolidation**

In order for a survivor to experience transformational healing, her trauma memories must be reconsolidated; that is, the original trauma must be recalled and explored in new ways that reframe or recontextualize the abuse, thus neurophysiologically rewiring her neural pathways.<sup>213</sup> Neuroscience informs us that just as healthy memories are constantly being re-wired through new experiences, so, too, can trauma memories be revised by new experiences of compassion. Thus, the survivor can

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<sup>210</sup> Ecker, Ticic and Hulley, *Unlocking the Emotional Brain*, 4-14; van der Kolk, *The Body Keeps the Score*, 56.

<sup>211</sup> Ecker, Ticic and Hulley, *Unlocking the Emotional Brain*, 32; van der Kolk, *The Body Keeps the Score*, 56; Solomon and Siegel, *Healing Trauma*, 143.

<sup>212</sup> Herman, *Trauma and Recovery*, 38; Solomon and Siegel, *Healing Trauma*, 24; Hogue, *Remembering the Future*, 71; Siegel, *Mindsight*, 172.

<sup>213</sup> Ecker, Ticic and Hulley, *Unlocking the Emotional Brain*, 127.



be empowered to engage their healing by imaginatively re-experiencing a trauma event in their mind and actively reframe it, thus recoding and reconsolidating the memory in a transformed way. Memory reconsolidation, then, in terms of healing for survivors of intimate partner violence, is the act of a survivor recalling a fixed trauma memory and adapting it into a more flexible, coherent, and healed framework of perception. This reconstructive process of meaning-making is essential for the survivor to redefine her experience of intimate partner violence, effectively transforming her personhood and life story from victim to survivor.

### How Memory Forms

Human memory, just as the brain itself, is a complex process subject to the laws of neuroplasticity: it is malleable, and reconstructs itself according to experience. The hippocampus, thalamus, and amygdala are all involved in the process of memory, as previously stated, functioning to perform the three stages of the memory process: encoding, storage, and retrieval.<sup>214</sup> The first step, encoding, is the process whereby the brain is exposed to visual, auditory, and/or semantic information—such as images, sounds, and feelings—from which the brain can then make meaning. Next, the brain stores the experience in either short or long-term memory and finally, this information can be retrieved as a memory. Of note, memory is not only flexible, the brain also does not make the distinction between recalling a past experience and present event; this means that imaginatively recalling a memory and interacting with it creates the possibility of transforming a trauma event into a healed, reconsolidated memory.

### The Process of Memory Reconsolidation

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<sup>214</sup> Ecker, Ticic and Hulley, *Unlocking the Emotional Brain*, 41; Solomon and Siegel, *Healing Trauma*, 27-28.

Applying new experiences to a trauma memory can unlock the neural synapses to rewrite the memory, effectively reconstructing the memory with new emotional learning.<sup>215</sup> This process of memory reconsolidation is centered on the understanding of long-term memory—implicit and explicit forms of memory—as it relates to left and right brain integration. Explicit memories rely on various structures in the brain—mostly the temporal and frontal parts—requiring conscious thought and refers to factual, logical information.<sup>216</sup> In contrast, implicit memories are formed in the emotional brain—the limbic system—and are acquired and used unconsciously, leading to nonconscious feelings, thoughts, and behaviors.<sup>217</sup> The unspeakable nature of trauma so prevalent amongst survivors of intimate partner violence can thus be understood, in part, to be a bi-product of the trauma heightening implicit—or affective—memory, while diminishing the function of explicit memory. Accordingly, a fundamental component of healing memories is the integration of the right emotional brain with the left logical brain. As the survivor recalls a painful memory with both strong emotion and narrative in the presence of an agentic, embodied experience of empowerment, this enables the two sides of the brain to work together to reprocess the trauma.<sup>218</sup>

Transformation, or healing, of memories occurs from a neuroscientific perspective when a trauma memory is reactivated using the survivor's imagination to re-experience the painful event, which is then interrupted with a contrasting therapeutic

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<sup>215</sup> Ecker, Ticic and Hulley, *Unlocking the Emotional Brain*, 18; Siegel, *Mindsight*; van der Kolk, *The Body Keeps the Score*, 97-115; Levine, *Trauma and Memory*, 15-21.

<sup>216</sup> Levine, *The Neuroscience of Psychotherapy*, 77; Ecker, Ticic and Hulley, *Unlocking the Emotional Brain*, 72.

<sup>217</sup> Levine, *Trauma and Memory*, 14-17.

<sup>218</sup> Cozolino, *The Neuroscience of Psychotherapy*, 27-29; Solomon and Siegel, *Healing Trauma*, 41-43; Ecker, Ticic and Hulley, *Unlocking the Emotional Brain*, 41-51; Siegel, *Mindsight*, 70; Levine, *Trauma and Memory*, 158.

experience, and then reconsolidated into a reframed memory.<sup>219</sup> When a memory is revisited you have a period of a few hours afterwards when a new memory is reconsolidated, becoming the new—or reframed—memory. The real event is thus modified in memory by the essential disconfirming, restorative information added to the experience rewiring the neural network of the trauma memory into healing. In secular neuropsychology what enables this positive, incongruent information that facilitates healing of memories is typically the therapeutic alliance between counselor and client. Attachment theory, widely utilized in understanding how personhood is formed by the development of the brain in relation to one's primary caregivers or attachment figures in early childhood, affirms that people heal in the context of secure attachments.<sup>220</sup> Holding to this theory we can postulate that survivors of intimate partner violence—whose personhood has been malformed by a traumatic attachment figure—require an ongoing, secure attachment to heal their memories of abuse and become a transformed self.

### **Transforming Trauma Memories: Inner Healing Prayer**

From a neurotheological perspective, secure attachment to God is what transforms memories and personhood from trauma survivor into the *imago Dei* through the therapeutic use of spiritual practice. Employing my model of Inner Healing Prayer, I assert that pastoral caregivers can empower women to heal by reconsolidating their trauma memories through this form of imaginative prayer.

#### **Inner Healing Prayer as a Model for Survivors**

Through the use of the imagination, Inner Healing Prayer can be utilized to enable survivors to retrieve and reprocess trauma memories towards healing as Jesus

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<sup>219</sup> Ecker, Ticic, and Hulley, *Unlocking the Emotional Brain*, 18.

<sup>220</sup> Siegel, *Mindsight*, 166-189; van der Kolk, *The Body Keeps the Score*, 107-124.

compassionately engages and transforms their painful past. This spiritual intervention can be facilitated by trained pastoral caregivers and lay people, to facilitate the reprocessing of implicit trauma memories with the new experience of Jesus' compassionate interaction with the past experiences of abuse. By attending to the various fragments or stories of abuse memories from within an embodied experience of safety in the pastoral caregiving setting, a secure attachment to the loving God can enable survivors to witness trauma memories from a safe distance with the present, compassionate Christ. I propose that this reconsolidates the fragmented pieces of trauma in a healed manner of integration that empowers the transformation of a trauma-based self, to a compassionate, integrated sense of self that can hold the trauma of the past within the broader narrative of a strong, resilient life narrative as the *imago Dei*.

#### Inner Healing Prayer as the Process of Reconsolidation

Memory reconsolidation as Inner Healing Prayer (IHP) is a journey of intentionally engaging the parasympathetic nervous system to calm the brain, thus enabling the process of memory recall, encoding the experience with new meaning of Jesus' compassion, leading to reconsolidation of the memory as healed by means of a transformed neural network. Utilizing a model of IHP integrating work from a variety of authors,<sup>221</sup> a three-phase process of memory reconsolidation is proposed as a neuro-spiritual method of transformational healing of trauma memories for survivors of intimate partner violence.

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<sup>221</sup> The historical and modern development of imaginative practices of prayer has significant historical precedent in the Christian church, as was discussed in Chapter 2. The theory and model of Inner Healing Prayer utilized in this paper is based on Jesus' regular practice of listening to God (John 8:28; 12:49).

This process of embodied compassion begins with grounding the survivor in safety through practices of breathing and mindfulness of the present moment, thus calming the danger or fear response.<sup>222</sup> Following this step, IHP further embeds the survivor in safety as she visualizes a peaceful place in her imagination and invites Jesus to be present with her. This first phase of IHP not only disrupts her trauma-informed neural network, but also lays the foundation for transformational healing by cultivating the survivor's calm and connect drive.

This sets the stage for Phase 2, where the survivor vividly recalls a memory of abuse and actively engages with Jesus within the original event as though re-experiencing it, but this time with the compassionate presence of God. In order to achieve this step in memory reconsolidation, the emotional brain—the limbic system—must be engaged. As implicit memory is stored in the emotional brain, survivors must have a deeply emotive internal experience to rewire their trauma neural network.<sup>223</sup> Essential to healing, then, is the cultivation of an embodied self enabled by the survivor's secure attachment to Jesus, who provides the disconfirming truth of compassion that opposes the blaming, shaming, and judgmental frame of domestic violence.<sup>224</sup> The survivor's True Self is then transformed as the *imago Dei* in Phase 2 of IHP by reconsolidating the implicit memories of abuse within the compassionate presence of Jesus.

This process of reconsolidation is further entrenched into the survivor's neural network in Phase 3 where she narrates her experience of Jesus interacting compassionately with her memory of abuse. As the survivor's perceptions have changed

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<sup>222</sup> van der Kolk, *The Body Keeps the Score*, 209; Daugherty, *From Mindfulness to Heartfulness*, 144, 164.

<sup>223</sup> Daugherty, *From Mindfulness to Heartfulness*, 52-54.; Cozolino, *The Neuroscience of Psychotherapy*, 96-118.

<sup>224</sup> Begley, *Train Your Mind, Change Your Brain*, 235-237.

in Phase 2, they are now enabled to make new meaning of their life and as they raise their voice in what was previously unspeakable, the survivor's healing neural network is further reinforced. Finally, as the survivor speaks out their new truth from the frame of Jesus' compassion, she actively reconstructs a cohesive narrative that compassionately holds her experience of intimate partner violence in a consolidated way so she can move forward as the beloved *imago Dei*.

One of the fundamental challenges to recovering from intimate partner violence is that trauma has a cumulative effect and is often embedded in the subconscious parts of the brain, leaving the survivor ensnared in ongoing trauma reactions that are deeply felt, but defiantly fragmented. Understanding the brain's survival mechanisms in the face of trauma helps make sense of the persistent suffering of survivors as they attempt to piece together their shattered memory into a cohesive narrative. The truth of neurotheology reminds us that hope is found in the God who created the human brain to adapt both to the liminal reality of being a survivor of abuse, as well as to the tangible presence of Jesus animated by the Holy Spirit. Inner Healing Prayer, then, serves as a method of spiritual, embodied practice that engages a survivor's trauma neural networks to be rewired in the compassionate embrace of God.<sup>225</sup> This empowering model of prayer effectively integrates both left and right hemispheres of the brain through affect and linguistic neural processing, empowering the survivor to hold their True Self as the beloved *imago Dei*. Ultimately, this method of healing of memories provides an accessible, trauma-informed and spiritually-oriented model of reconsolidation, as IHP

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<sup>225</sup> Payne, *Restoring the Christian Soul*, 67-80; Tan, "Use of Prayer and Scripture," 103-104; Garzon and Burkett, "Healing of Memories," 42-48; Jersak, *Can You Hear Me?*, 231-259.

facilitates the integration of a survivor's transformed abuse memories into transformed narratives with new, hopeful meanings of their self and life.<sup>226</sup>

### THE ROLE OF NARRATIVE IN HEALING AFTER ABUSE

Empowering survivors of intimate partner violence to break their silence and tell their stories of abuse within the compassionate presence of others is a key element of pastoral care and counseling with survivors. The role of narrating one's stories of abuse is a liberative act that enables women to gather together their fragmented stories into an integrated sense of self. Such an approach helps women discover and speak out their experience, and through this journey to uncover and develop new and preferred possibilities for their lives, and in the following chapter we will unpack narrative therapy in detail as part of a discussion on my research methodology. For now though, I remain focused on ongoing experiences of trauma that survivors face on their journey to healing, and how telling their stories facilitates the necessary healing process of grieving their abuse and its enduring impact. One of the primary challenges to the grief process is that domestic violence is complex; survivors often experience it with ambiguity, uncertainty and disjointed memories, and even ambivalence, as their partner and others in their community have minimized their abuse experiences. This section of the chapter will thus demonstrate how narrative provides a robust therapeutic understanding of reforming identity as survivors grow in awareness of their abuse and move through grief towards healing after domestic violence.

The challenges of grief are multifaceted and complex no matter what loss one is mourning, but survivors of intimate partner violence have an especially difficult journey

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<sup>226</sup> McMahon and Campbell, *Rediscovering the Lost Body-Connection Within Christian Spirituality*, xxxiii.

of recovery from the violence they have experienced. These women are confronted with numerous obstacles on their healing journey as their grief is both complicated and disenfranchised; this grief results from the traumatic experience of violence which deeply wounds both body and soul, often in invisible ways, threatening to annihilate one's very self.<sup>227</sup> Such violence ushers one into a powerless, voiceless place of complicated grief; however, this journey of recovery is not without hope. This paper will give voice to trauma survivors by addressing their numerous ongoing losses; exploring the healing of traumatic grief through the processes of remembering, speaking and witnessing to the violence in ways that reconstruct meaning to their fragmented story; and challenging the church to be an agent of hope in this complex place of grief.

### **Types of Losses**

The survivor of intimate partner violence suffers numerous losses due to the ongoing impact of trauma on the survivor's body and brain, her shattered sense of self, and her way of being in the world. While any loss can diminish one's sense of self and must be grieved in order to adjust, the survivor of relationship abuse experiences particularly complicated grief, compounded by the impact of violence that disempowers, disconnects, and can even destroy the survivor's sense of self and safety.<sup>228</sup> Furthermore, given the ambiguity of intimate partner violence—which, unlike death, cannot be resolved—the abuse “causes pain, confusion, shock, distress, and often immobilization,” chronically reinforcing the trauma impact by leaving the survivor feeling powerless, depressed, anxious, and without adequate coping skills in the face of the

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<sup>227</sup> Serene Jones, *Trauma and Grace: Theology in a Ruptured World* (Kentucky: Westminster John Knox Press, 2009), 13-14.

<sup>228</sup> Kenneth Mitchell and Herbert Anderson, *All Our Losses, All Our Grievs: Resources for Pastoral Care* (Kentucky: Westminster John Knox Press, 1983), 64; Herman, *Trauma and Recovery*, 52.



incomprehensible violence of their partner.<sup>229</sup> The journey of grief for the survivor, then, is deeply complex as she experiences ongoing dysregulation, and continued losses that are both personal and individual, social and systemic.

One of the complicating factors to grieving the trauma of intimate partner violence is that loss is experienced on multiple levels; Anderson & Mitchell outline six major types of losses—all of which the survivor will suffer.<sup>230</sup> Material loss can include the loss of one's home, car, pet, precious belongings, health insurance, finances, familiar neighborhood or even country, as the survivor separates or goes through a divorce from her partner. Relationship loss can be profound, consisting of the loss of intimacy and connection not only from her partner—whom she may have had some closeness with—but may also exclude her from relationship with her partner's family, as well as her own family and friends who do not acknowledge the abuse. Intrapsychic loss is the inward experience of loss which has to do with one's image of self and losing the possibility of what the relationship could have been; relationship abuse destroys the dream of a happy marriage and undermines one's ability to trust others, thus meriting profound and prolonged grief.

Due to the insidious and often invisible nature of intimate partner violence, one form of loss—that of one's functional ability—is often overlooked by the survivor, her support network, and society, and yet constitutes prolific loss. Trauma is overwhelming for its victims, so much so that there is often an inability to act or to consciously respond, just as if a huge bear had entered the room. As Herman describes it, traumatic events “confront human beings with the extremities of helplessness and terror, and evoke the

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<sup>229</sup> Boss, *Loss, Trauma, and Resilience*, 4, 38-41.

<sup>230</sup> Mitchell and Anderson, *All Our Losses*, 36-40.

responses of catastrophe.”<sup>231</sup> The hidden legacy of domestic violence, then, is deeply embedded in the loss of function as the survivor’s body and brain becomes the tomb of violence, affecting “a loss of a sense of self, a breakdown in normal knowing and feeling, and a paralyzing lack of agency,” which leaves one diminished in the use of memory and language which are necessary to grieve her losses.<sup>232</sup> The traumatized brain struggles to adapt meaning to the memories of abuse as it remains stuck as though the event is still happening, even years after the abuse has ended; this ‘death imprint’ may be embodied in the victim’s physical sensations, fragmented images, and inadvertent acting out of the trauma in their present life.<sup>233</sup> One’s daily functioning, then, is severely hampered which may result in the loss of employment, ability to care for one’s children, or even accomplish the daily tasks of living and self-care.

This leads into another form of loss—that of role loss—where the survivor loses particular social roles ranging from job changes, her position as spouse, or even parent depending on how the courts assign custody, to friend or contributor to a social network the relationship was attached to.<sup>234</sup> For the Christian survivor of relationship abuse, one of the most troubling losses can be that of systemic loss rooted not only in the loss of the nuclear family, but in the rejection and abandonment by their church community who is often unprepared to handle the ongoing complexities of grief experienced by trauma survivors. In fact, churches often perpetuate the trauma of intimate partner violence by underestimating the impact of abuse, refusing to acknowledge that Christians can be abusive and blaming the abused spouse instead, using scripture to condemn separation or

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<sup>231</sup> Herman, *Trauma and Recovery*, 33.

<sup>232</sup> Jones, *Trauma and Grace*, 15.

<sup>233</sup> Herman, *Trauma and Recovery*, 38.

<sup>234</sup> Mitchell and Anderson, *All Our Losses*, 42-44.

divorce, and interpreting the Bible as calling women to be submissive to men.<sup>235</sup> The survivor's belief system and community of faith—both of which she looks to for help in her desperate need for support in her grieving—may fail to adequately address the complexity of traumatic grief and empower the individual towards resiliency in facing her multiple losses.

### **Attachment Theory and Resilience to Loss**

While one's family, friends, and church community may respond with varying levels of helpful—or harmful—support, the survivor of relationship abuse is confronted with the additional challenge of her maladaptive emotional coping style which further complicates her ability to engage in healthy, secure relationships which can facilitate her recovery. Indeed, the journey of grief is largely a narrative of relearning the world by reconnecting with one's self, others, and God, as we realized in the last chapter. Forming secure attachments that enable one to flourish as one experiences acceptance, love, and belonging is vital to reshape one's meaning and purpose in the world.<sup>236</sup> Attachment theory thus informs the survivor's grief journey as she must remake or cultivate new emotional attachments which enables her to acknowledge and live with the reality of her abuse experience—a profound challenge as intimate partner violence damages one's relational coping skills due to one's abusive attachment object: the spouse or partner.<sup>237</sup>

As already discussed, attachment theory provides a framework for understanding and revising the survivor's resilience, or coping ability, in facing and grieving her losses by connecting to object-relations theory which identifies the primary human need as

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<sup>235</sup> Donald Walker, Christine Courtois, and Jamie Aten, eds., *Spiritually Oriented Psychotherapy for Trauma* (Washington, DC: American Psychological Association, 2015), 215-217.

<sup>236</sup> Thomas Attig, *How We Grieve: Relearning the World* (New York: Oxford University Press, 2011), 105-127.

<sup>237</sup> Mitchell and Anderson, *All Our Losses*, 21-25.

secure bonding to others. These theories are grounded in the concept that our emotional coping ability is determined by the attachment pattern developed through bonding with one's mother in early childhood, which tends to repeat itself in adult relationships unless there are redemptive relationships that revise one's attachment pattern.<sup>238</sup> Violence from an intimate partner is inherently a relationally traumatic experience that unconsciously triggers childhood secure or insecure attachment patterns which aid or inhibit the survivor's grieving process. A survivor with a secure attachment pattern is able to recognize one's self as valuable and move away from the abuse, processing one's losses and cultivating healthy bonds with other, safe individuals. Those with anxious attachment patterns—preoccupied, ambivalent, avoidant, or fearful attachment—tend to have a shame-based sense of self and struggle, respectively, with either codependency, feelings of love and hate, emotional detachment, or vacillate between closeness or distance from their abusive partner.<sup>239</sup> While individuals with a secure attachment pattern will likely move through their grief with less anxiety, fear, and depression than those with an anxious attachment pattern, all survivors of relationship violence have experienced deeply insecure attachment to their abusive partners, which, as clarified, complicates the journey of grief.

The need to securely attach to another human being is a significant part of understanding one's self as loveable and safe in the world, and as adults this need for attachment is often centered around intimacy with one's spouse; intimate partner violence, then tears at the very fabric of self and the ability to develop secure attachments

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<sup>238</sup> Heather Gingrich, *Restoring the Shattered Self: A Christian Counselor's Guide to Complex Trauma* (Illinois: InterVarsity Press, 2013), 29-42.

<sup>239</sup> J. William Worden, *Grief Counseling and Grief Therapy: A Handbook for the Mental Health Practitioner* (New York: Springer Publishing Company, 2009), 58-59.

to others and to God—an imperative for the Christian survivor to heal. Revising attachment, then, is necessary to grieve and recover from the ambiguous loss and complicated grief journey. This involves acknowledging one's losses, the lack of closure with trauma, letting go of the abusive attachment—unless sincere repentance has been demonstrated over a period of time—embracing one's new reality as a trauma survivor, and building intimate connections based on trustworthy individuals who can help hold the survivor's trauma and grief.<sup>240</sup>

### **Grief and the Healing Narrative**

The nature of the traumatic experience is a sense of powerlessness and disconnection to others, diminishing one's psychological faculties, "which include the basic capacities for trust, autonomy, initiative, competence, identity, and intimacy...[and which] must be reformed in relationships."<sup>241</sup> One of the primary obstacles to healing for the survivor of abuse, then, is that their grief is often disenfranchised—unacknowledged or validated by others, and even stigmatized by the church—which further reinforces the trauma experience by silencing the voices of the survivors and excluding them from relational support.<sup>242</sup> This social pressure towards silence must be overcome in order to heal; it is imperative survivors have safe, affirming people with whom they can verbally "process and integrate [their] specific trauma memories into a deepened awareness of their life story, identity and relationships."<sup>243</sup> The fundamental process of the healing journey of grief, then, is reconstructing meaning to reform identity and regain hope—a process centered on remembering, speaking, and witnessing to the trauma in the

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<sup>240</sup> Boss, *Loss, Trauma, and Resilience*, 145.

<sup>241</sup> Herman, *Trauma and Recovery*, 133.

<sup>242</sup> Melissa Kelley, *Grief: Contemporary Theory and the Practice of Ministry* (Minnesota: Augsburg Fortress, 2010), 12.

<sup>243</sup> Gingrich, *Restoring the Shattered Self*, 97.

compassionate presence of others where together they are able to reconstruct and tell a new, more hopeful story.<sup>244</sup>

### Remembering, Speaking and Witnessing

As Christians supporting survivors of intimate partner violence, our role is to proclaim and inhabit God's presence by actively listening to and affirming their testimony, thereby witnessing to their trauma in the presence of a God who is powerful enough to reorder and redefine their experience of violence in the divine person of Jesus.<sup>245</sup> As we touched upon earlier, the cognitive breakdown of the traumatized brain results in scattered or even forgotten memories of violence, leaving the survivor with a loss of memory, language, and the agency necessary to reconstruct new meaning and identity. Theologian Serene Jones integrates a theology of grace with trauma theory in particularly helpful ways for understanding relationship violence, identifying the fundamental elements of the survivor's healing process as the remembering and reimagining act of speaking, listening, and retelling the unspeakable pain of violence. These elements are based on Calvin's understanding of the healing power of the Psalms, which Jones outlines in a three-stage movement of healing: Psalms of deliverance, lament and mourning, and thanksgiving.

As trauma theory informs us, the first step in recovery from abuse is to establish safety. Jones views the Psalms of deliverance as a form of prayer where the survivor can call out for their rescue directly to a God who hears and witnesses their pain, thus establishing God as safe, trustworthy and capable of reordering their experience in the presence of God's love. The divine agency to save one from trauma is rooted in God's

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<sup>244</sup> Kelley, *Grief*, 130; Jones, *Trauma and Grace*, 54-57.

<sup>245</sup> Jones, *Trauma and Grace*, 55-59.

salvific act on the cross, which intimately connects God to the heart of the survivor—who knows well the terror of the violence of crucifixion—and can now begin to reimagine her own agency in her unfolding narrative. This recultivating of agency enables the survivor to move to the second stage of healing centered on the Psalms of lament and mourning, which Jones identifies as the journey of remembering and speaking out their experience of violence, opening up survivors' capacity to deeply grieve their losses. Expressing their powerful emotions of rage, anger, despair, desire for retribution, and horror at the evil they encountered, survivors are able to more fully experience their profound grief and take the critical step of naming the injustice of abuse in the safe presence of God. The third stage of healing is the ongoing journey of remembering the trauma by rearticulating their narrative within the framework of the larger, more powerful biblical story of a God who delivers us from hopelessness by offering us healing and a future. Jones articulates this stage as that of thanksgiving where, just as the Psalmist did, one is able to integrate one's trauma within a new story by gratefully embracing God's goodness as one who suffers with us and will ultimately enact justice—thus unfolding a future which rebuilds the survivor's hope.

### Reconstructing Meaning

Speaking, hearing, and believing are powerful practices on the journey of healing which enables the survivor of intimate partner violence to not only cultivate secure attachment to God, but also to family, friends, one's church community, or a therapist. Just as God's power to heal is communicated through God's identification with violence through the cross and empathy in embracing the survivor's suffering, so, too, is the role of the Christian as the *imago Dei* to bear witness to the survivor's suffering on the long

journey of listening and retelling her story in light of the Gospel.<sup>246</sup> As we have seen in Jones' three-stage process of healing rooted in the Psalms, the goal of grieving is ultimately to reconstruct meaning; with survivors of relationship abuse this process involves creating new cognitive schemas in the brain which reconstruct their sense of self and identity, as well as bring order and meaning to their life and the world.<sup>247</sup> Jones' theological exploration of the Psalms helps the survivor to build a compensatory secure attachment to God—facilitated by attachment behaviors such as prayer and Scripture reading—embracing the deep need of the Christian to wrestle with questions of theodicy and regain hope. But God is also present to us in the presence of others—the *imago Dei*—and since humans are deeply relational beings whose sense of self and meaning is rooted in relationship to others, survivors need to reconstruct their identity after violence alongside other people.

This process of meaning-making is centered on storying—using language to tell and retell one's story—and when told to and affirmed by other Christians, these stories create meaning as they are woven into the redemptive narrative of Christ in our midst who transforms the individual's identity from victim to survivor to Beloved. Reconstructing meaning as the Beloved of a God who saves, heals, and journeys with us to wholeness in the presence of the Holy Spirit and Christian community is absolutely essential to healing as meaning is correlated to hope.<sup>248</sup> Re-encountering one's trauma by telling one's story is excruciatingly painful and thus necessitates relationships which can help the survivor hold her pain, learn to regulate her trauma emotions, and help provide

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<sup>246</sup> Jeffrey Zurheide, *When Faith is Tested: Pastoral Responses to Suffering and Tragic Death* (Minneapolis: Augsburg Fortress, 1997), 47-53.

<sup>247</sup> Kelley, *Grief*, 71-94; Jones, *Trauma and Grace*, 43-68.

<sup>248</sup> Boss, *Loss, Trauma, and Resilience*, 177-196.



different interpretations to the violence—a journey of togetherness that creates opportunity and capacity for new meaning and identity enfolded in love.<sup>249</sup>

### TOWARDS A FEMINIST THEOLOGY FOR PASTORAL CARE

This dissertation represents not only new research in Christian prayer practices for survivors' recovery, but also aims to develop a trauma-informed, spiritually-integrated pastoral theological vision of healing. In the final chapter, I provide such a theological framework, and outline a pastoral healing program for survivors that can be implemented throughout the global church. Meanwhile, before I unpack my methodology in the next chapter, I want us to hold a space here for a moment to spark our own compassionate stance for how the church—both pastoral caregivers and lay people—can co-labor with God's transformational work of healing as we have witnessed through the practice of Inner Healing Prayer. How might we, as the people of God, form a community that holds a safe, compassionate space for survivors to process their grief and heal their sense of self? It is to this question I now briefly draw our attention, and will develop in more depth a theology and praxis of pastoral caregiving in the final chapter.

#### **The Role of The Church in Healing**

Reforming one's identity as the beloved of God, rather than the victim of violence, is a profound journey of healing that requires befriending the painful reality of one's brokenness, embracing the depth of one's grief, and integrating the sorrows of one's narrative with the story of the suffering God, enabling one to live an abundant, everlasting life. The church should be a safe place for this healing journey to transpire by speaking the truth of both suffering and hope, cultivating spaces for lament, and helping contain the survivor's grief through practices of public assembly and personal

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<sup>249</sup> Kelley, *Grief*, 95-120.

community. Through liturgical practices such as reading the Psalms, worship music that acknowledges our pain, preaching a theology of suffering and hope, and prayers for congregants that names their suffering, along with listening and witnessing to their suffering through pastoral care, small groups, and one-to-one relationships, the church can—and should—be an agent for hope to survivors of intimate partner violence by empowering their voices of lament.

Lament invites God into our reality and creates a space for the reimagination of self and identity that includes a movement towards praise and thanksgiving, culminating in healing and hope. Creating and nurturing a community that lives out of both memory and expectancy for the future based on the eschaton, is the primary task of the church as an agent of hope in a world full of violence. This profoundly Christocentric hope for the survivor of trauma is not only an eschatological reality for the Kingdom of God to come, nor a personal relationship with the suffering Jesus imbued by the Spirit; it is also a hope materialized in the concrete pursuit of love and justice by the church. As theologian Walter Brueggeman proclaims, the cry of lament should mobilize both God and the church to action; God responds by meeting violence with grace through the trauma of the cross, and the community should respond with witness to the violence by compassionate listening and active, ongoing support that aids the survivor in grieving and recovering from her losses.<sup>250</sup> Healing from traumatic grief, then, is not merely a search for meaning and love, but of substantive “action that rescues and judges” just as was the function of lament in the Psalms.<sup>251</sup> By naming the abuse and taking a stance against it theologically and in our practices of support, by holding perpetrators accountable, and engaging in

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<sup>250</sup> Walter Brueggeman, “The Costly Loss of Lament,” *Journal for the Study of the Old Testament*, 36 (1986): 55-71.

<sup>251</sup> Brueggeman, “The Costly Loss of Lament,” 63.

social advocacy regarding relationship violence, the church can be an agent of change by giving public voice to suffering and demanding justice.

### SUMMARY

The Christian faith is indeed robust enough to pursue healing and justice by listening to, witnessing, and containing the trauma of intimate partner violence survivors, and the church must take an active role in reconstructing meaning and actualizing hope by telling the truth and testifying together to the present and coming hope of the Christ who overcomes and ultimately puts an end to violence. We have also explored through the lens of neuroscience how Inner Healing Prayer enables survivors to experience God acting in their present lives to transform their trauma memories and reshape their sense of self as the *imago Dei*.

From this vision of the church as a safe place for survivors to heal, we now move to a description of the building blocks of this dissertation project in terms of the methodology I employed throughout my research on the practice of Inner Healing Prayer. The next chapter outlines my stance as a feminist pastoral theologian, nuanced by the techniques of narrative therapy and narrative theology, as I developed my study, and engaged in research with participants. With the guidelines of this study in place, we shall then find that our quest to understand the role of pastoral caregiving in liberating the voices of female survivors and reshaping their identity is powerfully impacted by Inner Healing Prayer.

## CHAPTER 5

### A FEMINIST PASTORAL THEOLOGICAL METHODOLOGY: A JOURNEY INTO TRAUMA RECOVERY THROUGH NARRATIVE INQUIRY AND INTERPRETATIVE PHENOMENOLOGICAL ANALYSIS

Stories allow people to lament with each other—express anger and question all they know about life—without imposing meanings prematurely. In the process of telling stories, people become authors, instinctively finding a story’s beginning and climax and imagining various endings. When pastoral care is experienced as narrative it becomes more relational and communal.<sup>252</sup>

— Carrie Doehring

#### Introduction

The importance of reflecting on, evaluating, and identifying one’s methodology cannot be overstated in the process of completing rigorous evidence-based research. This is perhaps particularly the case in the field of feminist practical and pastoral theology given its relatively new and unfolding contributions to the postmodern endeavor of qualitative research. Indeed, feminist practical theology is an area that continues to be substantially understudied within seminary education. As with the aim of narrative therapy, it is the untold voices and stories of this liberating feminist body of work that need to be told— particularly in the oft androcentric world of academia. Furthermore, the emerging field of clinically and spiritually-integrated pastoral theology, care and

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<sup>252</sup> Doehring, *The Practice of Pastoral Care*, xiv-xv.

counseling, has shaped the contemporary conceptions and praxis of spiritual care in its emphasis on robust research and training in the social sciences.<sup>253</sup>

Locating my research within this field and reflecting on my own positionality and paradigm, my methodological propensity for liberative research has been a critical element of undertaking this study on pastoral caregiving for survivors of domestic violence. With the decision to pursue the particular methodology of feminist pastoral theology, this choice laid the foundation for the construction of the methods, scope, and findings for this project. Having already limned the conversation partners in the last chapter reviewing relevant literature, I will now briefly clarify the critical-correlational, poststructuralist method of feminist pastoral theology I utilized in my study.<sup>254</sup> Following is a more lengthy discussion of the particular qualitative research method of narrative inquiry, and its historical landscape as demonstrated in narrative therapy, which is the framework for this study. I will then clarify the research design to provide an overview of how I employed this uniquely liberative method to explore healing for women who have experienced relationship abuse.

#### A METHOD OF FEMINIST PASTORAL THEOLOGY

The method of feminist pastoral theology I utilize is a poststructuralist, critical-correlational approach rooted in the praxis of pastoral care. Developed by Carrie Doehring, Professor of Pastoral Care and Counseling at Iliff School of Theology, this

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<sup>253</sup> In 1985 the Society for Pastoral Theology (SPT) began as a means to foster critical reflection and practical engagement for scholars and practitioners in the developing field of pastoral theology. Much of this dissertation is influenced by the preeminent feminist pastoral theologians involved in the SPT, such as: Nancy Ramsay, Phillis Sheppard, Bonnie Miller-McLemore, Pamela Cooper-White, Joretta Marshall, Kathleen Greider, Carrie Doehring, Christie Cozad Neuger, Stephanie Crumpton, Jeanne Stevenson-Moessner, and Kirsten Oh.

<sup>254</sup> Carrie Doehring, "A Method of Feminist Pastoral Theology," in *Feminist & Womanist Pastoral Theology*, eds. Bonnie Miller-McLemore and Brita Gill-Austern (Nashville: Abingdon Press, 1999), 95-111.

method is built upon four criteria: pastoral theology, feminism, self-reflexivity, and the use of inclusive sources. Essential to this model of methodology is the fundamental work of creating cross-disciplinary conversations amongst theology and the social sciences that helps navigate the distance between theory and practice. This is a vital component for the feminist nature of this methodology in that it intentionally connects to the lived experiences of women. In its stance as poststructuralist, contextual, and pragmatic, as Doebling articulates, feminist pastoral theology assumes “that there are no “core” meanings or deep structures to life experiences...that are singularly, absolutely, or universally true. Rather, there are always multiple meanings to life experiences.”<sup>255</sup> Such a perspective must attend to the particularities of the seen and unseen political and personal context of women’s lives, and thus form and nuance pastoral caregiving.

Feminist pastoral methodology also explicitly acknowledges the human limitations of epoché, recognizing that our personal history, traditions, and allegiances always shapes our research and praxis of care. Finally, Doebling affirms this method as one that employs Christian sources of authority with the awareness of the transitory nature of truth, while simultaneously adhering to a critical-correlational method of including feminist and gender studies in an ongoing conversation with social sciences and theology.

As a feminist pastoral theologian, this four-fold paradigm provided a critical methodological framework throughout my research on healing practices for women survivors of domestic violence. Bringing together interdisciplinary dialogue essential to pastoral theology with my cognate disciplines of gender studies, psychology, trauma studies, neuroscience, and spirituality to develop a thick articulation of women’s

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<sup>255</sup> Ibid., 98.

experiences of relationship abuse, provided a textured lens for this pursuit in practical and pastoral theology. Doebling's model ultimately presented a particularly liberative approach to studying the multilayered, complex narratives that have transformative power to give voice to survivors, forming and reforming my research as I continued reflected on the praxis of Inner Healing Prayer from a narrative stance.

### **Narrative Inquiry**

Given the centrality of restoring the agentic power of voice to survivors of domestic violence, narrative inquiry was a natural choice of qualitative methods approach for my dissertation due to its symbiotic relationship with Christian feminist pastoral theology. Both methods emphasize the emancipatory role of storytelling as a vehicle for meaning-making in the lived experiences of women. Such an approach helps women discover and speak out their experience, challenge the dominant patriarchal narratives that impede their voice, discover new and preferred possibilities for their lives, and “empower [them] to make choices that work to resist and transform the oppressive forces in [their] life and world.”<sup>256</sup>

With my approach rooted in pastoral care integrating spiritual practices and psychology, narrative inquiry allows for the richness and depth of a thick description to emerge from the participants own words.<sup>257</sup> Through narrative means, then, my research on Inner Healing Prayer as a spiritual practice for deconstructing and reconstructing meaning systems towards the transformation of survivor's identity was crucial in

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<sup>256</sup> Christie Cozad Neuger, *Counseling Women: A Narrative, Pastoral Approach* (Minneapolis: Fortress Press, 2001), 179.

<sup>257</sup> Nollaig Frost, *Qualitative Research Methods in Psychology: Combining Core Approaches* (Maidenhead: McGraw-Hill, 2011), 3; Christine Bold, *Using Narrative in Research* (Thousand Oaks: SAGE Publications, 2012), 62, 69; D. Jean Clandinin, *Engaging in Narrative Inquiry* (Walnut Creek: Left Coast Press, 2013), 18.

empowering these women's personhood as *imago Dei*. Indeed, this method is built on the foundation of narrative as story, as well as the therapeutic practice informed by psychological studies in narrative therapy, thus knitting together the elements of my literature review in the last chapter. In order to understand the connections between feminist pastoral theology and the spiritual practice of Inner Healing Prayer in the re-formation of the self, I will now discuss my narrative approach and then provide a brief history of its development in narrative therapy as it informs my dissertation.

### **A Narrative Approach to the Self**

Narrative plays a fundamental role of identity development, or sense of self. The primary principles of a narrative approach are thus the act of “storying” and “reauthoring” as one tells and retells their life experiences in the pursuit of remembering, witnessing, and transforming their stories and identities on the quest for new meanings and possibilities.<sup>258</sup> It follows that narrative research is an endeavor that privileges the participant's agency in naming, storying, and interpreting their experience through first-person narrative accounts. Through this process of storytelling, participants are empowered to make meaning of their life, their stories, events, and information, about their self and the larger world.<sup>259</sup> In this way, narrative inquiry is founded on a social constructivist epistemological approach grounded in postmodern thinking that meaning and reality are constructed by both the participant and researcher. This is also known as the “interpretivist” epistemological worldview, which recognizes that the participant's narratives provide the essential elements to create meaning and construct reality for the

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<sup>258</sup> Jill Freedman and Gene Combs, *Narrative Therapy: The Social Construction of Preferred Realities* (New York: Norton, 1996), 12-17.

<sup>259</sup> Michael White and David Epston, *Narrative Means to Therapeutic Ends* (New York: W. W. Norton & Co., 1990), 75-83.



one who experiences it.<sup>260</sup> In terms of research, both the participant and the researcher may collaborate in the construction and meaning-making process of narrative inquiry. With my feminist perspective, though, I attempted to prioritize the voice of the storyteller, while still recognizing through reflexive engagement the role of co-construction throughout the research. I see these elements of participant meaning-making and mutual collaboration through the lens of narrative therapy as it aligns with my feminist pastoral theological stance, integrating it with the practical theological discipline of psychology as it connects to caregiving.

### **A Brief Overview of Narrative Methods in Narrative Therapy**

The narrative methodology approach understands reality as a socially constructed process as individuals make sense of their lived experiences through the stories they tell and re-tell over time, as well as the stories told about them and within their social context. These narratives, or stories, provide the framework for understanding life and relationships, and our discourse of these stories provide the meaning of our experiences. This understanding of story is the theme of narrative inquiry and also narrative therapy. It is a collaborative approach to counseling based on the idea that “in order to make sense of our lives and to express ourselves, experience must be “storied” and it is this storying that determines the meaning ascribed to experience.”<sup>261</sup> By viewing life as a story of connected narratives rather than disjointed pieces, we are able to find meaning, or the plot of the story.

### **Postmodernism and Narrative Therapy**

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<sup>260</sup> Frost, *Qualitative Research Methods in Psychology*, 8.

<sup>261</sup> *Ibid.*, 11-12.

When understanding and utilizing narrative therapy it is important to keep in mind the centrality of postmodernism to the narrative approach. In the current postmodern milieu, narrative therapy challenges mainstream thinking in order to provide better alternatives for their clients than the often marginalized ones that society offers. The narrative approach thus rejects objective reasoning and generalizations as they may depreciate the verity of a client's reality. Instead, it views people as socially constructed individuals existing in relationships expressed through language and story.<sup>262</sup> The goal is to offer imaginative ways for people to explore and understand their inner truth, enabling them towards unique solutions to their problems. This "require[s] a range of endeavors in which therapist and client are mutually engaged in exploring the domain of human meaning – understanding of self, others, and cultural life that may be life transforming."<sup>263</sup>

As the postmodern perspective presents truth as subjective, it is essential for narrative therapy to take a hermeneutic approach to counseling. Without interpreting the individual's stories, there is threat of becoming too phenomenological, resulting in the overemphasis on the logic of events and devaluing the client's emotions. This is a critical component as it is commonly understood that the most critical factor of all therapeutic models is the therapist's relationship with the client.<sup>264</sup> As such, the therapist must keep in mind that they are participating in the story and journey of the client as they deconstruct and reconstruct meaning-making towards preferred realities.

### Narrative Therapy and the Counselor

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<sup>262</sup> White and Epston, *Narrative Means*, 27.

<sup>263</sup> Kenneth Gergen, "Ghost in the Therapy Machine," *New Therapist*, 5 (2000): 22-23.

<sup>264</sup> Mark A. Hubble, Barry L. Duncan, and Scott Miller, eds., *The Heart and Soul of Change: What Works in Therapy* (Washington, DC: American Psychological Association, 1999), 133-167.

As the story of the individual is told through their narratives in discourse with the therapist, the approach is taken that the client is the expert of their own life. Narrative therapy sees the counselor coming alongside to aid in uncovering and understanding the numerous pieces of the individual's life through the process of questioning. The therapist invites people "to begin a journey of co-exploration in search of talents and abilities that are hidden or veiled by a life problem."<sup>265</sup> As the individual works together with the therapist to better understand the elements of her story she is enabled to reconstruct her life around her preferred realities. As such, narrative therapy is informed by a postmodern view of understanding people and their realities. Popular speakers and social constructivists, Jill Freedman and Gene Combs, outline this view of reality as based on four ideas: "[1] realities are socially constructed, [2] realities are constituted through language, [3] realities are organized and maintained through narrative, and [4] there are no essential truths."<sup>266</sup>

These ideas are understood in relation to a person's identity. The premise of narrative therapy is that one's self, and their knowledge or understanding of self, is informed by society. As identity is formed socially and understanding of that identity is performed through story, the narrative therapist will emphasize the societal influence on the client's narratives. Additionally, the therapist will "focus on how the language...we use *constitutes* our world and beliefs", with the understanding that the language we share comprises our reality.<sup>267</sup> Thirdly, as we've already discussed, the narrative approach understand reality through the use of story. This leads to the final concept of "no essential

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<sup>265</sup> Gerald Monk, John Winslade, Kathie Crocket, and David Epston, eds., *Narrative Therapy in Practice: The Archaeology of Hope* (San Francisco: Jossey-Bass Inc., 1997), 3.

<sup>266</sup> Freedman and Combs, *Narrative Therapy*, 22.

<sup>267</sup> *Ibid.*, 28.

truths.” Psychological stereotypes are not the focus but rather the counselor treats each individual as an organic being whose stories illuminate truth relative to their unique plot.

The pastoral caregiver using narrative therapy will rely on all their abilities to practice skills in patience, listening, discernment, continuance, and care as they create opportunities for discourse and collaborate with the client in choosing the steps of the pilgrimage. As the therapist journeys with the client they will pay special attention to the individual’s narratives as they provide understanding and meaning to the person’s story, empowering them to “generate alternative stories that enable [the client] to perform new meanings...that [they] will experience as more helpful, satisfying, and open-ended.”<sup>268</sup>

#### Contributing Authors of Narrative Therapy

Though the concept of understanding life through the method of story has been around from ancient times, narrative therapy has been a much more recent development. In order to gain a better understanding of narrative therapy it is necessary to look at some of the authors who have greatly impacted this theory. In the mid to late twentieth century there emerged a number of key voices on the narrative focus. For the purpose of understanding the basics of the narrative therapy, I will look at three men whose contributions have played a prominent role in this field’s development: Michael Foucault, Michael White, and David Epston.

French intellectualist and poststructuralist, Michel Foucault (1926-1984), is well known for his work on the relationship between power and knowledge and their central place within society. Foucault introduces his idea of “power-knowledge” as he contends that “power produces knowledge” and that the two are interrelated. He articulates that “it is not the activity of the subject of knowledge that produces a corpus of knowledge...but

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<sup>268</sup> Michael White, *Deconstruction and Therapy* (Adelaide: Dulwich Centre Publications, 1991), 15.

power-knowledge...that determines the forms and possible domains of knowledge.”<sup>269</sup>

This power-knowledge is rooted in the social processes that shape people’s lives. In the context of society, Foucault explains power-knowledge in relation to language and discourse: they are “practices that systematically form the objects of which they speak.”<sup>270</sup> Thus, language impacts the construction of an individual’s reality as experienced in discourses of truth. One’s true understanding of himself related through discourse generates power in the individual. Foucault finds that what is absent in a person’s discourse is just as telling as what is present. His theme of discourse and power has become one of the fundamental ideas that shaped narrative therapy.

Narrative therapy came to birth in the 1980’s through the pioneering efforts of Michael White, an Australian socio-therapist. Earning the title as founder of narrative therapy, White’s innovative concepts led to narrative being widely recognized in the realm of psychology. Often working alongside another socio-therapist, David Epston from New Zealand, the two produced *Narrative Means to Therapeutic Ends*, a book that is largely responsible for contemporary narrative thought. According to White and Epston, narrative therapy focuses on the influence of stories on the individual’s perceptions or reality. Inevitably there will be stories that do not line up with the person’s experience of life; these stories are problematic to the individual and require new meaning to be ascribed to them. The therapist helps the individual to uncover their natural resources to deal with these problems by externalizing the problem and discovering the experiences that have fallen outside their dominant story. These

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<sup>269</sup> Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. A.M. Sheridan (New York: Pantheon Books, 1977), 27-28.

<sup>270</sup> Michel Foucault, *The Archaeology of Knowledge and the Discourse on Language*, trans. A.M. Sheridan Smith (New York: Pantheon Books, 1972), 49.

experiences are referred to as “unique outcomes.” As the client becomes aware of these additional stories or outcomes, they are encouraged to attribute new meanings to them and use them to compose alternative stories.<sup>271</sup>

### **Narrative Therapy and Theology**

Our discussion of narrative therapy has primarily illustrated its epistemological and hermeneutical understanding of life as oriented through story. Narrative also has important connections to pastoral theology and caregiving in its reliance on authoritative Christian sources in constructing an epistemological and hermeneutical perspective on the Christian story and the narratives of God’s people. As we have discovered, narrative therapy takes the epistemological standpoint that knowledge and meaning are determined through story. Christian theology is compatible with narrative therapy as it also gains knowledge and meaning through the many narratives of the Bible. Charles Gerkin, former Professor of Pastoral Psychology at Emory University, confirms that

the stories of the Bible...make up the...unified narrative account of the relationship between God and the world. It is through these stories, together with their metaphorical images and themes, that we have constructed our primary understanding of who we are and who we were meant to be.<sup>272</sup>

A Christian approach to narrative therapy, therefore, would gain knowledge of the client’s identity in relationship to the biblical story. The meaning or significance of the individual’s narratives would also be determined and then interpreted within the context of the biblical stories.

Narrative therapy interprets people’s reality based on the individual’s self-narratives and their social context. Theology, however, goes one step further by

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<sup>271</sup> White and Epston, *Narrative Means*, 15-17, 127.

<sup>272</sup> Charles Gerkin, *Widening the Horizons: Pastoral Responses to a Fragmented Society* (Philadelphia: The Westminster Press, 1986), 30.

interpreting people's stories through the narratives presented in the Scriptures. Of the many hermeneutical stances to take, Gerkin proposes a comprehensive narrative approach which "involves reflection on both the horizon of meaning and purpose preserved and transmitted...in the biblical narrative and its component stories, metaphorical images, and themes."<sup>273</sup> He asserts that a theological interpretation of people's stories must be a fusion between the Christian story and "the varying activities of life in the world" which also shape our life.<sup>274</sup> People's stories must be interpreted through a theological understanding not only of Scripture but the world in which the client lives and participates in.

In this project, as I bring trauma and women's studies, neuroscience, and psychology into conversation with my feminist pastoral theological understandings towards spiritual care for women survivors, I have taken an essential stance of reinterpreting Scripture through a feminist lens. For such a stance I am indebted to former Professor of Pastoral Theology, Christie Neuger, who limns a feminist understanding of narrative therapy and gender in her book, *Counseling Women: A Narrative, Pastoral Approach*. As she articulates, a feminist paradigm for theology radically names the authoritarian patriarchy embedded in historical male interpretations of Scripture, and its consequential domination, subjugation, and abuse of women. Addressing the sexism and androcentrism of the dominant discourses that women often internalize, Neuger calls out both the structural and personal injustices of sexism for pastoral caregivers to be aware of. By exposing cultural and spiritual forms of oppressive structures that subordinate women—and other marginalized groups—she frames a pastoral approach of

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<sup>273</sup> Ibid., 61.

<sup>274</sup> Ibid., 62.

deconstructing and reconstructing the dominant patriarchal interpretations of social and biblical narratives towards empowering, liberative, justice-restoring practices of care. An important component of her feminist pastoral stance is the vital role of women “regaining language and voice for the power of naming one’s self, one’s environment, and one’s God,” effectively repositioning the lived experience of women as the authoritative voice in naming their reality.<sup>275</sup>

A Christian feminist view of theology for pastoral caregivers requires reading from the underside of power in both Scriptural and personal narratives that impact and are told by women. For Christian female survivors of domestic violence, then, witnessing to their narratives can become more holistically therapeutic as the liberative, empowering voice of the God of justice likewise names and stands wholeheartedly against the terrible reality of their abuse. Finally, integrating such transformed feminist biblical narratives and meaning-making with women’s own voices, provides a robust opportunity for survivors to reconstruct their sense of self by rewriting their narratives instead of rehearsing the internalized patriarchal story. As the heart of this project is to empower women survivors to heal utilizing their own voices in relationship with Jesus, the subjective nature of the research questions yields a propensity not only to narrative methods, but also that of phenomenology. It is to that discussion I now turn.

### **Interpretative Phenomenological Analysis**

The founder of interpretative phenomenological analysis (IPA), John Smith—Professor of Psychology at Birbeck University of London—developed this qualitative method for research in psychology and the social sciences, thus making it a useful addition to my project. Given its idiographic focus providing detailed insights into a

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<sup>275</sup> Neuger, *Counseling Women*, 71.



particular person—or a small number of people—make sense of a particular experience, it is distinct from the broader phenomenological methodology where a larger group is studied in relation to a specific phenomenon.<sup>276</sup> Combining phenomenology, hermeneutics, and psychology, Smith's IPA approach is perhaps most similar to phenomenologist Max van Manen, who takes a more philosophical, pedagogical practice that is likewise "interpretivist" in its view of meaning-making.<sup>277</sup> Both Smith and van Manen's approach are helpful in their emphasis on eliciting the lived experience of a phenomenon, placing importance on the participants' use of language to interpret their experience.

In view of my guiding method of narrative inquiry, IPA facilitates a richer, thicker description of how Inner Healing Prayer nurtures healing for survivors of domestic violence. As with narrative therapy, IPA also employs "a two-stage interpretation process, or a double-hermeneutic" whereby meaning-making is co-constructed as both the participant and the researcher try to make sense of the participant's experience.<sup>278</sup> Importantly, "IPA has a theoretical commitment to the person as a cognitive, linguistic, affective, and physical being and assumes a chain of connection between people's talk and their thinking and emotional state."<sup>279</sup> This embodied perspective aligns well with my utilization of narrative methods from the psychological framework of narrative therapy, aiming to understand the perceptions and interpretations of the particular participants of my study.

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<sup>276</sup> Jonathan Smith and Mike Osborn, "Interpretative Phenomenological Analysis," in *Qualitative Psychology: A Practical Guide to Research Methods*, ed. Jonathan Smith (London: Sage, 2003), 53-80.

<sup>277</sup> Ibid.; Max van Manen, *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy* (Albany: State University of New York, 1990).

<sup>278</sup> Smith and Osborn, "Interpretative Phenomenological Analysis," 53.

<sup>279</sup> Ibid., 54.

Finally, IPA is a suitable companion to my primary methodology of narrative inquiry as it similarly prioritizes personal experience and the role of reflexivity—key features of phenomenology methods. IPA particularly, guided by its three characteristic features—idiographic, inductive, and interrogative—employs a small number of participants in order to deeply explore the unique, subjective phenomena of the particularities emerging from within the data provided through the participants communication.<sup>280</sup> Thus, IPA represents a helpful addition to my narrative approach in that it likewise seeks a reciprocal, reflective, and liberating constructive dialogue that is well-suited to the goals and research questions of this study.

## RESEARCH DESIGN, QUESTIONS, DATA COLLECTION, AND ANALYSIS

### Research Design and Questions

Throughout this dissertation I explored if engaging in the spiritual practice of Inner Healing Prayer nurtures healing for female survivors of domestic violence. Utilizing the disciplines of trauma studies, narrative therapy, attachment theory, and neuroscience, I studied how these survivors' sense of self was changed over time by looking at their storied experiences of encountering Jesus in the midst of their painful memories of abuse. My hypothesis was that ongoing engagement with Inner Healing Prayer would facilitate their healing from the trauma of domestic violence, as demonstrated in a positive transformation of their narratives as they reflected on their memories, emotions, and other aspects of self through this model of prayer.

Narrative research validates the personal experience of participants as they uniquely and imaginatively storied and made meaning of their own experiences as it

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<sup>280</sup> Jonathan Smith, "Reflecting on the Development of Interpretative Phenomenological Analysis and its Contribution to Qualitative Research in Psychology," *Qualitative Research in Psychology*, 1, no. 1 (2004): 39-54.

formed and re-forming their sense of self. In this project, the participants engaged in and reflected on their painful experiences of abuse through the engaging in the practice of Inner Healing Prayer. By understanding the participants' experiences through the narrative stance of privileging the participants as the authorial experts of their own stories and interpretations of those stories, I, as the researcher, moved to a decentered position subordinate to the participants' local knowledge and ways of making meaning.<sup>281</sup>

While the primary author of reality and meaning-making of the narratives remains in the words of the participant, it is critical to understand that as the researcher, my own presuppositions, assumptions, and interpretations still influenced the shape of this study.<sup>282</sup> Specifically, my personal experience of Inner Healing Prayer as a Christian woman who has experienced domestic violence, impacted the primary research questions, the interview questions, and my analysis of the interview transcriptions. This self-reflection constitutes what is commonly referred to as “reflexivity” in qualitative research.<sup>283</sup> In order to minimize my influence and to elevate the essential agentic nature of the participants' narratives, I sought to create an openness throughout the process of this project to privilege that participants' stories and their words to author and re-author their sense of self. Relying primarily on the key words, phrases, and metaphors in the transcribed stories—and not my interpretations—to maintain the construction of the participants' realities and identities,<sup>284</sup> I was ultimately able to discern progress towards healing for these survivors.

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<sup>281</sup> F. Michael Connelly and D. Jean Clandinin, “Narrative inquiry,” in *Handbook of Complementary Methods in Education Research*, ed. Judith L. Green, Gregory Camilli, and Patricia Elmore (Mahwah, NJ: Lawrence Erlbaum), 375.

<sup>282</sup> Bold, *Using Narrative in Research*, 9.; Clandinin, *Engaging in Narrative Inquiry*, 41.

<sup>283</sup> Frost, *Qualitative Research Methods in Psychology*, 123; Bold, *Using Narrative in Research*, 38; Clandinin, *Engaging in Narrative Inquiry*, 38.

<sup>284</sup> Freedman and Combs, *Narrative Therapy*, 45-46.

Understanding “healing” as positive movement towards well-being as witnessed in a more holistic, integrated, empowered sense of self, I designed this research project around the central elements of Inner Healing Prayer and narrative therapy. Over a period of six weeks, I facilitated the prayer practice with each individual one-to-one with the five participants (see Chapter 7 for an outline of the specific practice of IHP I employed). As outlined in the previous chapter, Inner Healing Prayer is a spiritual practice of prayer that utilizes the imagination, seeking to experience transformative encounters with God’s compassion and love by inviting Jesus to be present in painful memories or emotions. The research began with introductory interviews with each participant to set a baseline, followed by six weekly sessions of Inner Healing Prayer, along with further interviews at the halfway point, and a final one within three weeks after the conclusion of the sessions. Participants were encouraged to keep a journal throughout the project and invited to share these for inclusion in my analysis as they felt comfortable. Furthermore, the last fifteen minutes of the weekly one-to-one sessions ended with a quiet time where the participant filled out a questionnaire reflecting on their experience of Inner Healing Prayer and their sense of self (see Appendix A). This research design enabled me to listen to the stories of the participants in a way that privileged their voice, and also reflected my research question of how women survivors of domestic violence heal by inviting Jesus into their past, painful memories.

These stories of painful memories became the primary units of analysis in my research framed around the questions, “How does Inner Healing Prayer impact the trauma narratives of Christian, female survivors of domestic violence?” and “Does this spiritual practice empower survivors to restore their sense of self with new, liberative,

hopeful meanings?” To explore this framework for my research, I posed a variation of the following questions in the three interviews I held with each participant to enable them to name, story, and interpret their own experience:

1. How have you been experiencing these sessions?
2. Please reflect again on how your experience of intimate partner violence has impacted you? Your sense of self?
3. How have you personally experienced engaging in the practice of Inner Healing Prayer?
4. How would you describe the feelings you felt when you went back into a painful memory during IHP?
5. Can you share a story from your experience of IHP?
6. How would you describe the feelings you felt when you witnessed Jesus with you in the painful memory during IHP?
7. How would you describe the impact of IHP on your life in general?
8. How do you think IHP has affected your sense of Self? Your emotions? Your painful memories?
9. How has experiencing IHP impacted your relationship with God?
10. What do you find helpful?
11. What are things you could do without? What would improve your experience?
12. What else would you like to share with me about your experience?

In the following chapters of this dissertation I will delve into these questions and my findings. For now, I will proceed to explicate the population, data collection, and analysis entailed in my research.

### **Sampling and Participant Selection Logic**

The participants in the project were five adult women (age 18+) who experienced intimate partner violence—whether that was emotional, physical, sexual, financial, and/or spiritual abuse—and who self-identified as Christian. Given the vulnerability to trauma as a survivor of intimate partner violence, only those who were at least one year out of an abusive relationship were chosen to participate in the project. To further mitigate any re-traumatization throughout the research, all participants were strongly encouraged to have a minimum of two support individuals in place throughout the period of this study to process. Additionally, I provided a referral list for trauma-informed therapists and domestic violence shelters in the area to each participant.

My hope for this dissertation research was to have a collection of people from diverse backgrounds, with participants from multiple ethnicities, ages, denominations, and socioeconomic backgrounds. Recruited by word of mouth at local churches, the resulting participant population was made up of two Caucasians, two Latinas, and one Black American, ages 24-57. The women came from five different mainline and evangelical Protestant denominations in the county of Los Angeles, and throughout the United Kingdom (mostly living within or just outside London). Vocationally, the five women ranged from two graduate seminary students, to a high school teacher, non-profit worker, and church ministry assistant. These different experiences brought strength to my study by creating space for the participants' varied voices as survivors of intimate partner violence.

### **Data Collection**

To gather data for this project I pursued a variety of options. These included my observations from the Inner Healing Prayer sessions, a research journal in which I kept

my ongoing reflections of the study, three interviews with each of the participants, and one-page questionnaires the participants filled out at the end of each one-to-one sessions. The participants of the study were also invited to keep a reflection journal throughout the study; those journals which were shared with me by the participants became data included in my research.<sup>285</sup>

As I utilized narrative and interpretative phenomenological approaches in my research study, I developed open-ended, semi-structured questions for the interviews. With the narrative approach in mind, I aimed to privilege the voice of the participants by inviting them to share stories of their experiences that they determined were particularly meaningful or relevant to them.<sup>286</sup> In this way I followed the participant's lead in shaping the data that was gathered from the interviews. Additionally, knowing from my experience in pastoral care ministry that some participants are able to talk at significant length about one question, I encouraged such in-depth answers, while also incorporated enough sample interview questions to prompt people to share stories and provide information in order to yield rich data throughout my research.

The interviews took place before the first session, in the middle of the sessions, and within three weeks after the final session. This enabled me to gather data that was co-constructed through multiple opportunities for the participants to be involved in providing feedback on the sessions and the practice of Inner Healing Prayer. This method also provided further insight into how the participants' stories and experiences changed over time throughout the sessions, as well as upon more lengthy reflection three weeks after the sessions conclude. Another benefit of this approach is that generated the

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<sup>285</sup> Bold, *Using Narrative in Research*, 84.; Clandinin, *Engaging in Narrative Inquiry*, 47.

<sup>286</sup> Bold, *Using Narrative in Research*, 62.

opportunity for me to do ongoing analysis and reflection throughout the course of the study, thus permitting me to make adjustments on the prayer practice, the one-to-one processes, and so on.<sup>287</sup> To facilitate this ongoing reflection I transcribed the interviews, reflected, and analyzed them within one to three days of conducting the interviews.

### **Data Analysis**

By employing a pluralistic, qualitative approach to analysis, I was enabled to combine narrative inquiry and interpretative phenomenological analysis (IPA) towards the aim of producing a flexible, holistic approach to understanding the participants' experiences.<sup>288</sup> Integrating the two approaches was primarily achieved through the weekly feedback forms filled out at the end of each session. These questionnaires involved the narrative approach through the use of open-ended questions about their experience of Inner Healing Prayer and invited stories of how their memories and sense of self changed through/after the prayer practice.<sup>289</sup> Additionally, IPA methodology was utilized by having the participants rate themselves with a score from 1-5 on ten short statements that indicated levels of trauma-related affect. These statements were adjusted from the Shame and Guilt Scale,<sup>290</sup> the Trauma Appraisal,<sup>291</sup> and PTSD scale,<sup>292</sup> and the Positive and Negative Affect Schedule.<sup>293</sup> From an IPA stance, then, the participants self-assessments were analyzed qualitatively from a subjective stance. For instance, the terms

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<sup>287</sup> Clandinin, *Engaging in Narrative Inquiry*, 83.

<sup>288</sup> Frost, *Qualitative Research Methods in Psychology*, 149.

<sup>289</sup> *Ibid.*, 131.

<sup>290</sup> D. Marschall, J. Sanftner and June Tangney, *The State Shame and Guilt Scale* (Fairfax: George Mason University, 1994).

<sup>291</sup> A. DePrince, E. Zurbriggen, A. Chu and L. Smart, "Development of the Trauma Appraisal Questionnaire," *Journal of Aggression, Maltreatment, and Trauma*, 19 (2010): 275-299.

<sup>292</sup> F. Weathers, B. Litz, D. Herman, J. Huska and T. Keane, "The PTSD Checklist (PCL): Reliability, Validity, and Diagnostic Utility" (Paper presented at the 9th Annual Conference of the ISTSS, San Antonio, 1993).

<sup>293</sup> D. Watson and L. Clark, "PANAS-X Manual for the Positive and Negative Affect Schedule - Expanded Form" (University of Iowa, 1994).



“shame” or “anxiety” are interpreted differently by each individual, as are the numeric scores. This allowed me as the researcher to observe the participants changes in their scores over time, honoring their self-understanding to uniquely and flexibly guide the analysis.

This decentered, collaborative approach of the two methods intentionally privileged the participants’ ability to story and re-storying their sense of self throughout the project, thus bringing their rich insights, layers of meaning and interpretations to my analysis. As much as this helped to minimize the assumptions I inevitably brought to the data, narrative inquiry is still a method of co-construction between the participants’ stories and meaning-making and the researcher’s journey of interpretation.<sup>294</sup> The narrative approach does, however, resist compartmentalizing a story into pre-conceived codes for analysis, allowing meaning to emerge from the participants’ own voices. Still, for the purposes of this research project, it is important to recognize that the questions put to the participants (see Appendix A)—though open-ended—were centered on drawing out narratives on themes not just about abuse, but those that would potentially explore healing from painful experiences. Such an acknowledgment recognizes the limitations of the scope of my research.

Unlike a common utilization of narrative inquiry as might be found in a larger, more in-depth study, this project did not explore the *whole* life story of its participants, but remained focused on the contextual experience of the survivors’ painful memories, their process of recovery/healing, and their current sense of identity.<sup>295</sup> This framework could be articulated as an interconnected **thematic** and *structural* approach to story: the

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<sup>294</sup> Frost, *Qualitative Research Methods in Psychology*, 109; Clandinin, *Engaging in Narrative Inquiry*, 215.

<sup>295</sup> White and Epston, *Narrative Means*, 32; Freedman and Combs, *Narrative Therapy*, 33.

*beginning* is the context of the **abuse**, the *middle* is the **healing**, and the *end* is the **transformed identity** from victim to survivor.<sup>296</sup> While this is helpful, I prefer to primarily understand narrative analysis more loosely. Thus the image of a spiral was employed in my analysis process. The spiral symbolizes the ongoing cyclical nature of practical theology continuously reflecting on theology, methodology, and the self in the context of praxis.<sup>297</sup> In this case of this research, then, the spiral image employed an ongoing cyclical journey of interpreting the participants' stories through reading the transcripts from beginning to end—numerous times—and allowing the stories to reflect on themselves, while also reflecting on the field observations. In this way I explored how both participants' experiences of processing painful memories and making new meaning of those experiences was facilitated through storytelling as they engaged in reflecting on their pain and healing.

## SUMMARY

In this chapter I have outlined my method of Christian feminist pastoral theology, and delineated how I employed a narrative approach—as framed by narrative therapy—alongside IPA methodology. This provided shape to my research design as a pluralistic, qualitative approach engaging a critical-correlational conversation with my literature review from the previous chapter. Emerging from this discussion was my distinctly decentered, reflexive stance as a researcher, while recognizing the co-construction of meaning-making as developed throughout the process of fieldwork, data collection and analysis. In the next chapter I present and discuss the findings of my research, providing insights into the stories that have emerged, illustrating my assertion that Inner Healing

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<sup>296</sup> Bold, *Using Narrative in Research*, 141; Clandinin, *Engaging in Narrative Inquiry*, 11-12.

<sup>297</sup> Neuger, *Counseling Women*, 8-9, 33-34.

Prayer nurtures a positive reconstruction of survivors' sense of self after experiencing domestic violence.

## CHAPTER 6

### TOWARDS A THEORY OF IHP AS TRANSFORMATIONAL FOR TRAUMA SURVIVORS: FINDINGS AND FURTHER RESEARCH

When we deny our stories and disengage from tough emotions, they don't go away; instead, they own us, they define us. Our job is not to deny the story, but to defy the ending—to rise strong, recognize our story, and rumble with the truth until we get to a place where we think, Yes. This is what happened. This is my truth. And I will choose how this story ends.<sup>298</sup>

— Brené Brown

#### Introduction

Breaking the silence of domestic abuse is a complex, often painful and difficult journey for survivors as they gather together the pieces of their abuse stories and begin to speak the truth of the terror of their experiences. Still, this is a vital step toward healing for most survivors as they learn to own their stories through the telling and retelling of their abuse narratives. In so doing, as narrative therapy and neuropsychology informs us, survivors are empowered to re-write their stories towards new, hopeful meanings. It is my proposal that ongoing experiences of Inner Healing Prayer, given that they facilitate secure attachment to the loving, compassionate Triune God who is the ultimate healer, is an immense opportunity for transforming survivors sense of self from the shame of abuse to the belovedness of their self as the *imago Dei*. The findings of this research project appear to support my hypothesis, as this chapter will reveal through our ongoing critical-correlational model employing neuropsychospirituality, theology, and the lived

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<sup>298</sup> Brené Brown, *Rising Strong: How the Ability to Reset Transforms the Way We Live, Love, Parent, and Lead* (New York: Random House, 2017), 50.

experience of the participants. As the discussion unfolds, two key principles of narrative inquiry and therapy—storying and reauthoring—become the framework of listening to the participants’ narratives such that their unfolding selves during this research reveals alternative identities to the shame-based self of abuse. As the survivors encounter God in the midst of their trauma memories through IHP, they are increasingly empowered to embrace their compassion-based identity as the *imago Dei*.

### **Participants**

An essential concept for understanding the trauma and recovery of female Christian survivors of domestic abuse is to recognize that while being female is the primary common denominator, there are many intersecting factors that influence the experience of abuse. Age, ethnicity, socioeconomic class, and history of childhood abuse—amongst other points of intersectionality—shape both the various aspects of identity and the trauma of intimate partner violence. When recruiting and choosing the five participants for this research, then, it was important for me to select a diverse representation of women. Of the five participants, three are American and two are from the United Kingdom. Together they range in age from young adults to older women, multiple ethnicities, no education to graduate students, numerous denominational backgrounds and commitments, and zero to a few children. Despite the many efforts to find as diverse a range of participants as possible, the majority of participants were Caucasian and generally middle-class. Significantly, each of the participants had experienced emotional abuse and at least one other form of abuse. Most of the women suffered from physical abuse (which started after the emotional abuse), and amongst the group all five forms of intimate partner violence occurred. All participants were over 18

years of age, and were no longer in an abusive relationship. The table below illustrates each participant's unique characteristics, followed by another table with additional relevant demographic information.

**Table 1.0—Participant Characteristics and Demographics**

Pseudonym	Age	Ethnicity	Current Denomination	Age When Abuse Began	Years of Abusive Relationship	Types of Abuse
Karen	24	Korean	Presbyterian	21	1-2	Emotional, Spiritual
Nicole	23	Caucasian American	Mennonite	19	<1	Emotional, Sexual
Heidi	46	Caucasian British	Baptist	27	18	Emotional, Physical, Financial, Spiritual
Esther	39	African British	Anglican	19	12	Emotional, Physical, Financial, Spiritual
Rosie	57	Jamaican Caucasian American	Baptist	20	21	Emotional, Physical

**Table 1.1—Demographic Information for Women in Study**

Variable	Number	Percentage
<b>Ethnicity</b>		
African British	1	20
Caucasian American	1	20
Caucasian British	1	20
Korean	1	20
Multiracial Black	1	20
<b>Relationship Status</b>		
Single/Never Married	2	40
Married	0	0
Separated	1	20
Divorced	2	40
<b>Sexual Orientation</b>		
Heterosexual	4	80
Bisexual	1	20

#### **PARTICIPANT DIVERSITY**

*In order for this research to be potentially applicable to women from diverse ethnic backgrounds and socioeconomic status, it was vital to choose participants from different backgrounds and social locations—as illustrated in Table 1.1.*

Number of Children		
0	2	40
1	1	20
2	2	40
3	1	20

<i>Variable</i>	<i>Number</i>	<i>Percentage</i>
<b>Type of IPV</b>		
Emotional	5	100
Physical	3	60
Financial	2	40
Sexual	1	20
Spiritual	3	60
<b>Denomination at time of abuse</b>		
Church of England	2	40
Pentecostal	1	20
Presbyterian	1	20
Southern Baptist	1	20
<b>Employment</b>		
Student	1	20
Part-time	2	40
Full-time	2	40
<b>Highest Education</b>		
High school	5	100
Undergraduate	2	40
Postgraduate	1	20
<b>Childhood Domestic Abuse</b>		
Yes	4	80
No	1	20

### DOMESTIC ABUSE IN CHILDHOOD

*Similar to contemporary sociological research which finds that many adult survivors of IPV also experienced abuse in their childhood homes (see Nason-Clark et al., Religion and Intimate Partner Violence), this project found a high rate of previous abuse from a parent(s).*

### The Self Shaped by IPV: A Trauma-Informed Self

As outlined in Chapters 3 and 4, there are multivariate effects of intimate partner violence on women. This study focuses particularly on how domestic abuse effects women's understandings of their sense of self, from a trauma-informed narrative methodology. At the beginning of this project the five participants were asked to reflect on how their unique experiences of abuse from their boyfriend and/or husband have

effected their sense of self as they currently understood it. This gave a point of comparison on which to determine how and to what extent experiences of Inner Healing Prayer helped the women to reauthor their identity in new ways.

**Table 2.0—Reflections on the Impact of IPV on Sense of Self**

Participant	How has the IPV impact your sense of self?
Karen	“It gave me a lot of my poor perceptions of my being, just really warped. It made me question my inherent worth, that my identity is solely contingent upon how much I can do for others and please their ego needs and insecurities. It's still the default mode of my being. That's still the most prominent modus operandi as to how I see myself in relation to others as a result of the abuse.”
	“I kept thinking...I was fine before I was in this relationship. It's only now that I'm in this relationship that I started to hate myself, loathe myself.”
	“I became ordered to not trust myself. I concluded that I must be horrible. I'm not deserving of respect. I'm not deserving of actually being heard and understood. I don't deserve to matter, and my voice doesn't matter. Those are just some of the conclusions that kept being ingrained in me. That's when I started to just develop the sense of insecurity and self-hatred.”
Nicole	I am a very self-confident person. I've always had a strong sense of my self, and my calling, and who I was as a child of God. But with the abuse I just really lost my sense of my self.”
	“I questioned if I had been lying to myself about who I was or my calling. It just put a lot of self-doubt in me. My biggest fear for a long time was that I didn't have an accurate view of reality. Or I didn't have an accurate view of my self.”
	“I became very isolated towards the end of the relationship, from friends and family, and really lost my support network. I couldn't trust myself. I really had to learn all over again how to love my self and to be okay with my self.”
Heidi	“I had nothing. Nothing at all. I had no sense of self. I remember just literally not being able to do anything. I've got nothing.”
	“I thought it was all my fault. That I couldn't do anything right, because that's what he kept telling me. I'm so awful that he keeps acting this way.”

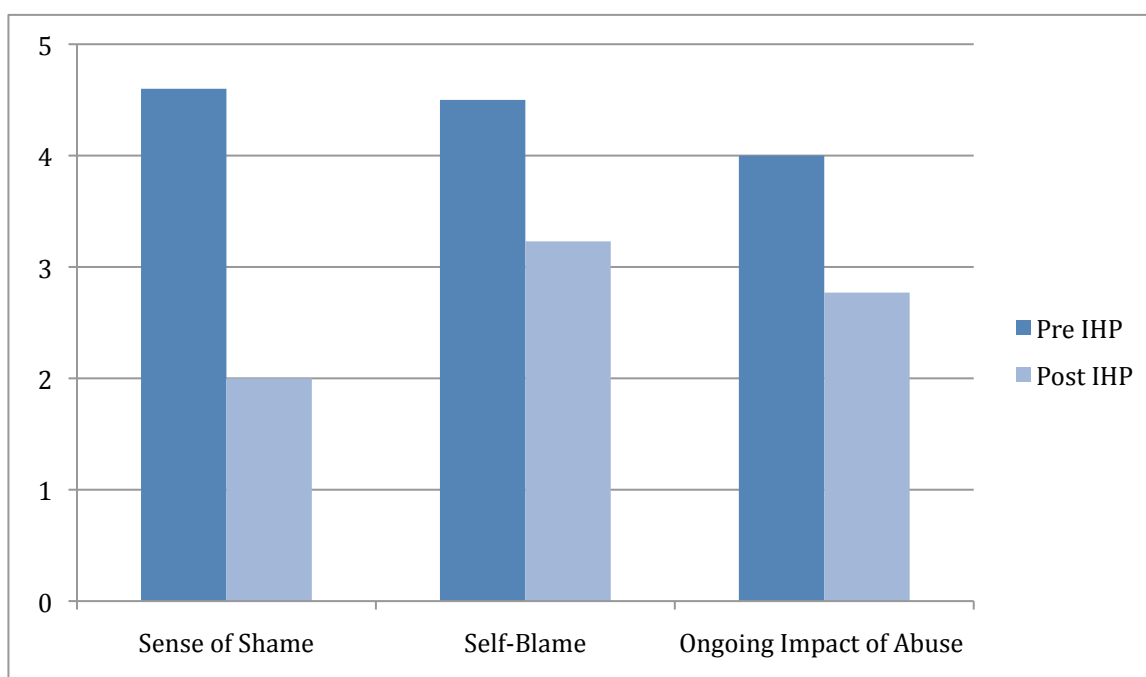


	“Often I felt really guilty. That something was so wrong with me that I’m really difficult. I’ve caused this and he’s got to get away from me. That’s why he kept leaving me. No wonder he couldn’t love me. I’m not good enough.”
	“I was just in pieces. I was afraid. Very, very afraid. Absolutely broken. Heartbroken.”
Esther	“I think quite a lot. I still think now, ‘I’m not sure who I am or what I’m doing.’ I definitely don’t have great confidence in myself.”
	“I’m constantly doubting myself. My worth. I thought I was irresponsible with finances, that I was incapable of handling things. That I was the problem in the relationship.”
	“I have no idea really about my identity. It’s sort of an evolving thing. I sort of semi-recognize my skills but I don’t own them. In the back of my head I’m thinking, I don’t deserve good things or positive recognition.”
Rosie	“I had experienced a lot of abuse growing up. So the abuse just fit in with that storyline really nicely. ‘You’re not wanted. You’re not good enough.’ And a lot of comparison messages. So just not having any self-esteem. Even now, I still struggle with a lot of body images issues. Wishing I looked differently.”
	“I have a fear that I will keep choosing people who are emotionally unavailable, who are abusive. That I’m just too broken and can’t be fixed.”
	“I felt helpless. Completely hopeless. I was very depressed, even suicidal. The message I got from my husband was that I’m not worthy of being a parent to my daughter. I felt like I was a terrible mother and didn’t deserve her. I felt worthless.”
	“It definitely impacted me. I internalized his abuse and very early on in the relationship felt like I wasn’t worth being alive.”

In their reflections on the impact of domestic violence on how they perceived their identity or sense of self, the women named many of the key elements outlined by the literature from trauma theory and neuropsychology. Their self-descriptions are dramatic and intense, as was their traumatic experience of being abused by their intimate

partner. Feelings of shame and guilt, self-doubt, hatred of self, an inability to trust one's self or view the self as capable, a loss of self, helplessness, being unworthy and unlovable, the self in pieces. These words voiced by the women in the interviews align deeply with our previous explorations in the world of trauma and neuropsychology on how the personhood of survivors becomes malformed through domestic violence. Indeed, the three key findings of the IPV-informed self connect with and confirm the contemporary research. The most significant findings from the women's narratives were that shame, self-blame, and the ongoing negative impact of the abuse and abuse memories were deeply effecting their sense of self even long after the abuse ended. The chart below illustrates how the women scored themselves in terms of how the domestic abuse informed their identity. While the benefits of IHP will be explored and discussed after this section on the IPV-informed self of the women, it is interesting to note that the negative effects of the trauma were substantially reduced by IHP.

#### **Participant Self-Scores: IPV-Informed Self**



### Shame, Self-Blame, and the Ongoing Impact of Abuse

Shame is the profoundly damaging feeling that there is something inherently wrong with one's self; that the actual self is flawed or broken beyond repair.<sup>299</sup> Research universally recognizes that shame is a common effect from the experience of intimate partner violence. The women highlighted how their sense of shame led them to minimize their partner's abuse. As Karen articulated:

It's not like he directly, physically abused me. Or slapped me. I didn't have any bruises, or sexual, or physical abuse. There was none of that. And he was a pastor at our church and well respected in the community. So it was very difficult for me to even address it as abuse because it was emotional, even though I was tormented and traumatized, and it altered so much of my beliefs about myself.

As her boyfriend repeatedly blamed and criticized her throughout their yearlong relationship, Karen would downplay his manipulation and control over her, telling herself, "It's not like he pushed me. It's not like he did something violent or threw something at point." In this way she continued to deny her instincts that his behavior was abusive because it wasn't physical violence, building an ongoing sense of mistrust in her self. Similarly, both Heidi and Esther describe how the shame of the abuse over the length of their marriages led them to minimize their husband's abuse. This is inferred in Heidi's response after her husband punched her: "I was shocked, but I didn't think it was abuse. I just thought that I had tipped him over the edge again."

Here we see self-blame, often correlated with a sense of shame in survivors, coming into play in the narratives of the women.<sup>300</sup> Esther, too, would say to herself, "Oh, that's just the way he is. I just need to learn how to manage the house and the children better so he doesn't get angry." These comments point to a deeply embedded

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<sup>299</sup> Brown, *The Gifts of Imperfection*, 39.

<sup>300</sup> Herman, *Trauma and Recovery*, 66-69.

sense of shame that something profoundly was wrong in their relationships, but rather than identifying their abuser as responsible, the women carried the belief that they were the problem.

Not only was recognizing their boyfriend or husband's behavior as abusive a significant challenge to these traumatized survivors, but the shame and self-blame embedded over the length of their abusive relationship has long-term effects that remain. Neuroscience enables us to understand that the repeated abusive behavior survivors endure in these relationships literally restructures their brain in trauma-informed pathways, creating the opportunity for ongoing triggers and emotional suffering to endure long after the women leave.<sup>301</sup> For example, as Rosie stated:

I remember we were in counseling and the therapist told us how despite our different contributions to the marriage, we were both still equal. He responded, "Absolutely not. In no way is she equal to me." I guess that makes sense why I wasn't wanted. Maybe that's what's wrong with me. Even now, I still struggle with that, to accept myself as I am.

All the women spoke about how the fragility of their personhood impacted them during and long after the domestic violence, and how much of a struggle it is to rebuild their sense of self as lovable, worthy, or capable. As Nicole said, "It's much better now, but I still have instances where I have to remember that this self doubt, or this insecurity is because my boyfriend planted it there. That's not the real me. So I still have to sift through some lies that have lingered."

The narratives of the women reveal that each still struggles in various ways at times with their sense of self as impacted by the trauma of the abuse. Whether that be doubting their abilities, decisions, emotions, intelligence, or value, it is evident that their sense of self was fragmented through the experience of being abused by an intimate

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<sup>301</sup> van der Kolk, *The Body Keeps the Score*, 56; Solomon and Siegel, *Healing Trauma*, 143.

partner. Each longed to heal their sense of self into a coherent identity rooted in peace, love, and truth. Given that these are some of the core characteristics of the Triune God, it was not surprising that this project of regularly engaging in Inner Healing Prayer empowered these women to reauthor their stories in transformational ways, as we shall now explore.

### **The Self Shaped by IHP: The God-Informed Self**

In the process of reflecting on the narratives of the five participants and reconstructing their stories into new meanings, it was evident that Inner Healing Prayer was a profoundly transformative experience for the survivors. As I hypothesized in Chapter 4, the narratives of the women revealed that this imaginal and deeply affective prayer practice nurtured a secure attachment to God as loving, compassionate, and protective of them. From the safety of this secure holding place with God, then, the women were empowered to go back into their abuse memories with Jesus, observing how he interacting with them, providing different interpretations of the memories and transformed them with his love. Over time as the women continued to engage in the practice of Inner Healing Prayer in our weekly sessions, their narratives of self were substantially transformed. Together with Jesus they were enabled to reauthor their abuse memories and sense of self in ways that increasingly reflected the mutuality, equality, value, compassion, and love, as women formed in the *imago Dei*. The following table illustrates some of the survivors comments on the transformational impact of Inner Healing Prayer on their sense of self.

**Table 3.0—Reflections on the Impact of IHP on Sense of Self**

Participant	How did the IHP impact your sense of self?
Karen	“I feel that my soul has expanded. I was able to open up my chest. Be relaxed. Feeling in a sense bigger than I already was.”
	“I'm not alone. I have more strength than I thought I had.”
	“Once again, my soul is expanding. I feel bigger. I feel valued. I feel that in this world, I can have value and that I do matter. That I am valuable despite all the lies of the past and whatever I've internalized. Because Jesus says that I am of infinite worth to him, the abuse matters. It wasn't a small thing to him.”
Nicole	“It really helped me to name what my boyfriend had done as abuse. Before I thought that I was exaggerating what happened. I was afraid to name my reality and claim certain things as abuse, but now I feel empowered.”
	“I've done counseling and had support from close friends, but this has been a huge part of my healing.”
	“For the first time, I let my self go deeper into my memories. Deeper into my emotions, remembering my emotions when I experienced my abuse. It really helped to recognize the patterns of his abuse, and to process them.”
Heidi	“I saw God very clearly intervening in the memory and stopping the abuse in it's tracks. This felt very significant and powerful. I felt very strongly that I should have been listened to, that it would have been good to have been listened to rather than threatened. This led me to reflect on and hear from God my value and worth and that I am worth listening to.”
	“I had an amazing sense of God with me as I focused on the memory. This has meant that I now know that he was there weeping with me, standing with me. I have a deep sense of God's closeness to me and love for me as I am. Also that he wants to know me as I am. The memory doesn't feel as if it has as much hold now that I have experienced God walking through it with me.”
	“I feel empowered and heard. I feel I have a greater sense of who I am and that I'm ok, that it's good to be me and that's how I've been created. I also feel that it is good to be heard. That I can speak out and be listened to and that my voice and my thoughts are valid and important.”

Esther	“I have realized I am more capable that I allow myself to believe, and that, perhaps, other people are less bothered by my mistakes and errors than I am. If no-one else is still talking about mistakes I made 6 months/1 year or more ago, then I don't need to.”
	“I feel more confident about embracing the friendships I have, and at times even putting them before my relationship with my boys. It is possible to do things for me, and friends, without neglecting, or being a bad parent to my kid. I can be a good mother, and still take time away with friends.”
	“I am more conscious of the fact that constant, passive aggressive, critical, nit picking comments have impacted on how critical I am of myself. To see God in those memories of my ex's abuse, and how he [God] responded with love and compassion towards me, I feel more worthy. Maybe I can not be so critical of myself now.”
Rosie	“I feel really empowered. To have God tell me that I am a woman of strength. To show me that I can get up and leave situations of abuse. I can move forward now.”
	“It's changed how I see, how I understand what happened. I had so much anxiety, so much fear. And now I can see that Jesus was always with me. He had me. He was protecting me. I wasn't in danger. I'm safe.”
	“Jesus has showed me that I am fearfully and wonderfully made. Beautiful, perfect, flawless, cherished, beloved, full of joy, strong, confident, a fighter, a warrior.”

The women's narratives reveal that Inner Healing Prayer had a profoundly healing effect on their sense of self over the course of the six weeks of this study. While at times the women shared hesitations about hearing from God negative words about their self, none expressed difficulty in imagining or connecting with God or Jesus in affective ways where they experienced deep embodied peace and safety in God's presence. A few of the women imagined God as a bright or warm light over a calm lake, another as a large lion akin to Aslan from the Chronicles of Narnia. Most imagined God multiple times as Jesus who they experienced as gentle, kind, loving, and protective of them. One women

found that despite her initial resistance to hearing God's loving affirmation of her self in the first session, she soon came to realize that her abusive partner had conditioned her to only receive and internalize negative self-concepts. Over the course of the study she was progressively able to choose to embrace Jesus' love, adoration, and full acceptance of her. She described this journey as such:

Regardless of how traumatizing and painful and frustrating those wounds may resurface, deep within me, sometimes gauging out different parts of my body, different parts of my self... but I think by Jesus saying he loves me and it's not my fault, it's mending and filling all those holes, mending all those parts and shattered pieces of my body and soul. Is touching on all of that, very gently, very softly.

Similarly, many of the women's narratives revealed that their experiences of intimate partner violence had fragmented their sense of self, which connects and supports the neuropsychological research outlined in Chapter 4. As in the previous narrative, many of the survivors stories exposed a fragmented self of disintegrated parts. This ranged from negative and painful perspectives on their bodies, anxious and fearful parts, and loving and compassionate parts, parts that want to live and parts that want to die, parts that carried a lot of responsibility and parts that were powerless and controlled by their partner. One women described how during her marriage, her abusive husband would constantly leave her right before and during holidays. She described how she had absolutely no control over this and felt powerless, while also had to navigate the full weight of responsibility for packing, taking care of the children, and handling all of the traveling. Through Inner Healing Prayer she came to realize that while at the time she felt completely unable to hold these disparate parts of her self together, Jesus' reinterpretation of these parts in the abusive memories enabled her to develop a coherent sense of self as



one who both suffered from the abuse of her husband, and fought hard to nurture a loving marriage and family.

This gathering together of the fragments, pieces, or parts of self through the process of Inner Healing Prayer in the presence of God's love and compassion was a common experience for each of the women in this study. While there are many important shared themes from their stories, in reflecting on their narratives three areas of a transformed self emerged in the analysis:

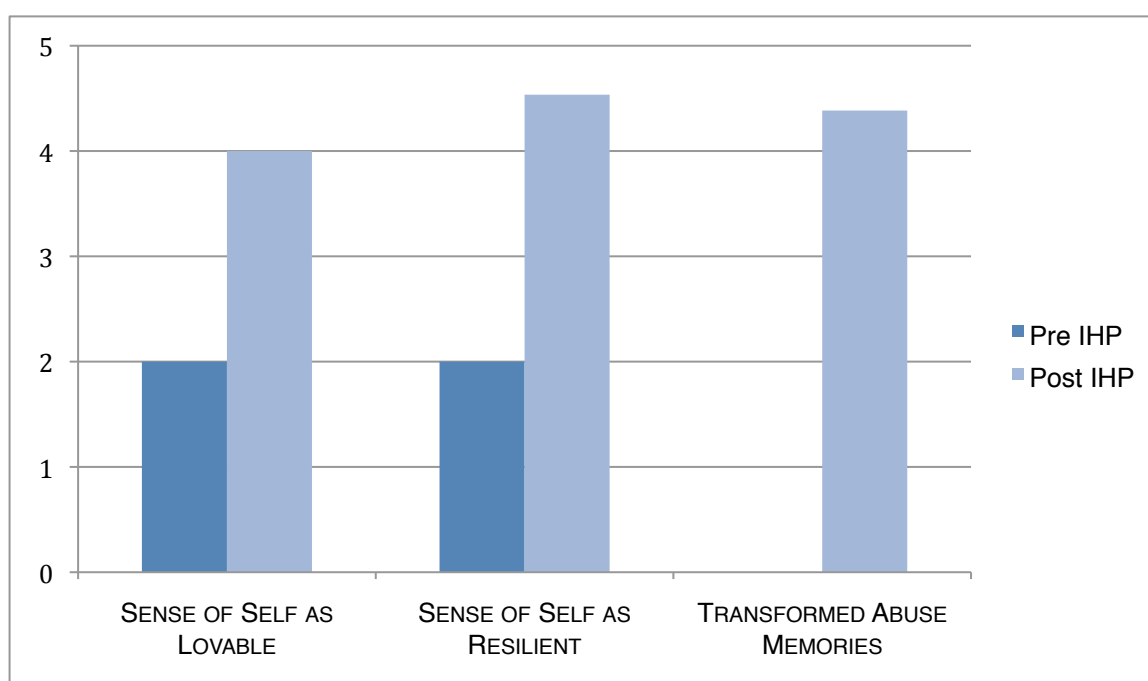
1. The women's sense of self moved from shame towards a sense of self as lovable and worthy
2. The women's sense of self moved from self-blame for the abuse towards a sense of self as resilient and capable of getting unstuck from their trauma and moving forward with their life in new, positive ways
3. The abuse memories moved from an ongoing negative impact on their daily life towards new, hopeful meanings of their trauma experiences

Important to note here is that this healing or transformation of self away from a trauma-informed sense of self based on the experience of domestic violence, towards an integrated, compassion-based sense of self is the agentic element of this recovery journey through Inner Healing Prayer was unanimously identified by the participants as God or Jesus. As one woman described, the healing agent in this study was Jesus compassionately interacting with the abuse memories and reframing them:

The reason why I have felt such a loss and have felt so alone, like I didn't have anything I could hold on to, is because I really needed to hold on to Jesus and look to him for healing. Especially after walking through my memories again and having Jesus call out the injustice of the abuse, I get it more now that I couldn't have stopped it. Jesus was there protecting me, loving me through it all. He sees me as precious and I'm learning to embrace that.

Rather than just empowering the women to remember the abuse with new interpretations, then, Inner Healing Prayer has the potential to intimately foster a secure attachment to a loving God who transforms the self of survivors towards the belovedness of the *imago Dei*. The following chart illustrates the self-scores of the women in regards to these three key findings of a God-informed self:

**Participant Self-Scores: A God-Informed Self**



### **Finding #1—Sense of Self as Lovable**

Across the stories of abuse memories processed through Inner Healing Prayer and the women's reflections afterwards, there was a striking similarity in the transformation of their sense of self as lovable. Certainly there were differences in how much change or healing occurred for each woman over the study, but each participant's stories displayed a marked movement in their self-perception as being loved by God, and worthy of love

from others. Given that there were many abuse memories processed by each woman in this study, I have chosen one particularly meaningful experience from each participant that reflects how Inner Healing Prayer enabled her towards understanding her sense of self as lovable.

*Karen*, who had experienced emotional and spiritual abuse from a previous boyfriend who is also in church ministry, explained how rejected she felt by him as he repeatedly denied and minimized her emotions, and used them to manipulate her. During one session of Inner Healing Prayer, Karen described how being with Jesus in her imaginative safe place at the beginning of the prayer session helped her encounter and internalize God's love:

It feels like acceptance. It feels like I'm not only seen and heard very deeply, but also very deeply cared for. It feels just like where I belong and that I do belong. And that I can indeed belong somewhere in this world. I feel very gently loved in the depth of my being.

Experiencing God's love in this way was powerful for Karen in re-wiring the neural pathways of her boyfriend's persistent messages about her self throughout their year long relationship. "I always felt unseen, unheard. My voice didn't matter. My being didn't matter," said Karen many times throughout the study. Not only hearing Jesus but seeing him and feeling his loving presence in an embodied way in her imagination, both as he held her close and spoke words of love to her, but also within the memories of her boyfriend's abusive behavior, allowed Karen to increasingly reject the lie that her very being was unworthy and unlovable. Increasingly, through Inner Healing Prayer, she was able to rest in Jesus' love for her and allow him to reframe her identity as beloved.

For *Nicole*, who spoke of having a very strong sense of self as lovable before her boyfriend emotionally and sexually abused her in their two year relationship, Inner

Healing Prayer was a process that made it possible for her to reauthor her secure sense of self similarly to before the abuse. As Nicole articulated in one session:

I always knew that God loved me, and I had friends that supported me and knew something was wrong, but I didn't tell anyone how bad it really was until a couple years after things ended. Jesus is showing me that [the abuse] was really significant and that he understands it because he suffered abuse as well. He weeps with me over what happened, told me that he loves me and it's not my fault, and then walked me out of the room so I didn't have to listen to [my boyfriend] anymore.

In the memory Nicole was processing, her boyfriend had used some very painful things she had shared with him in confidence to manipulate and hurt her. As Jesus walked with her out of the room where this was happening, she felt that her sense of self was being restored as valuable and worthy of being treated with love.

*Heidi* emerged from her eight-year marriage with numerous emotional scars—in addition to some physical ones—that she longed to be healed.

I remember years into our marriage during a particularly bad fight, asking my husband if he married me because he loved me. “No, I married you for citizenship,” he said. I was devastated, completely broken in pieces. When I asked Jesus where he was when this happened, Jesus showed me that he was standing in between me and my husband, telling him that I’m a precious gift that should be cherished. It’s been a struggle to accept that, but I believe it’s true.

Despite knowing that she at times resists God’s words of love for her because of the years of abuse from her husband, Heidi’s narratives throughout the study demonstrate a growing self-image that reflects the *imago Dei*. “God sees me as beautiful, loyal, faithful, supportive of others,” she said during one session of Inner Healing Prayer. “I’m holding it at arm’s length, but I want to keep these words. I’m used to hearing bad words about myself so it feels a bit awkward, but I’m going to hold on to what God has said about me,” Heidi said early on in our sessions. Indeed, by the end of our time together over the

6 weeks, she confirmed that felt more lovable and worthy of healthy relationships than she'd ever thought possible.

*Esther* recalled the brunt of her husband's displeasure about her reflecting upon his regular abandonment of her and their children over their 12-year marriage:

He would always say before leaving, "You are just too difficult to live with. I just can't live with you. You're horrible. I need to get out, to get away from you. You're forcing me to do this." I felt really, really awful. I'm so terrible that he's had to leave and he can't stay and talk it through.

These terrifying experiences of being left—sometimes for a few hours, often for days—made Esther believe that she wasn't worth being loved. Somehow, there was something so horrible about her that her husband was justified in abandoning her, she thought as she internalized his words. Through one Inner Healing Prayer session where Esther processed a particular time when her husband had yet again left her abroad on holiday with the children and their belongings, her perception of her self shifted suddenly. She described how as she saw Jesus standing up to her husband who was yelling at her and preparing to leave, Esther felt deeply that Jesus was confronting her husband with righteous anger at his abusive behavior. "I was shocked that Jesus would be angry over the situation, but I suddenly realized that God stands up for his beloved children, and I am one of them!" For Esther, then, her sense of self as lovable was being reframed as Jesus defended her value by calling out her husband's abuse and holding him accountable.

*Rosie*, in contrast to the other women, had a less secure attachment to God and God's love for her before she experienced abuse. The emotional abuse of her parents as a child led her to believe that she was worthless, and her husband's constant words of rejection and physical violence confirmed this lie. "I just thought it was normal," Rosie

said. “Of course he doesn’t love me, just like my parents didn’t.” Over time as the Inner Healing Prayer sessions went on, Rosie’s sense of self progressed radically.

Before I didn’t know that God loved me in the midst of the abuse. But through Inner Healing Prayer God keeps telling me that I am precious. Beloved. After processing these traumatic memories of what I’ve been through, God still looks at me and says that I’m playful. Winsome. Childlike. Open. Aware. Unhurried. Choosing the better part. Unencumbered. Free. It feels true, and it’s also freeing that the best part of me is not the part that is anxious or striving, but that he sees the best part as the part that can rest. Being enough just as I am. You’re so precious. So beautiful. I always loved you.

Despite many decades of abuse that tore apart her sense of self, Rosie is opening up to receive God’s words of love as Inner Healing Prayer fosters a new, secure attachment with the God who beholds her as an image bearer.

While each woman experienced a similar renewal or formation of their self as the beloved *imago Dei* through their journey with Inner Healing Prayer, it remained evident from their narratives that ongoing transformation of the self as lovable would be needed. Trauma theory confirms this concept that healing is not a static or finite,<sup>302</sup> but an ongoing road of recovery for survivors of domestic violence that requires intentionally cultivating safe spaces to tell and retell their stories of abuse to continue reauthoring their sense of self.<sup>303</sup> Likewise, neuroscience literature supports this idea from narrative therapy of the importance of storying one’s life and one’s sense of self as a vital way for survivors to reconstruct or reauthor their identity in new, hopeful ways.<sup>304</sup>

### **Finding #2—Sense of Self as Resilient**

The second finding of this study proposes that Inner Healing Prayer can empower survivors of intimate partner violence to reauthor their abuse memories and trauma-

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<sup>302</sup> Herman, *Trauma and Recovery*, 155.

<sup>303</sup> Neuger, *Counseling Women*, 68, 127.

<sup>304</sup> *Ibid.*, 133-134.

informed sense of self towards a sense of self as resilient. To understand this concept of the resilience self, I look to Brené Brown's research on women and shame, which led to her developing the *Shame Resilience Theory* (SRT).<sup>305</sup> SRT views resilience as the opposite of shame, creating the concept of shame resilience, clarifying that such resilience:

is best understood on a continuum that represents, on one end, the main concerns of participants: feeling trapped, powerless, and isolated. Located on the opposite end of the continuum are the concepts participants viewed as the components of shame resilience: empathy, connection, power, and freedom... The research participants clearly identified "experiencing empathy" as the opposite of "experiencing shame."<sup>306</sup>

As Brown's research unveils, then, empathy as the counterpart to shame provides a critical insight into why the results of this Inner Healing Prayer study were so transformative for the survivors. God's love, when viewed through the lens of empathy as Jesus compassionately identifies with each women's unique experiences of abuse—confirming both their traumatic memories as real and their identity as lovable—is the antidote to their shame-based self formed in the terror of domestic violence. Resilience, then, as Brené Brown defines, is "that ability to recognize shame when we experience it, and move through it in a constructive way that allows us to maintain our authenticity and grow from our experiences."<sup>307</sup> This capacity for resilience is fostered through sharing our stories of shame with empathetic—or compassionate—others who hold our pain within a secure, loving relationship, as discussed in Chapter 3. For Inner Healing Prayer, resilience is developed through reforming or creating secure attachment to a loving, compassionate God who not only holds the survivors' abuse memories with empathy, but

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<sup>305</sup> Brené Brown, "Shame Resilience Theory: A Grounded Theory Study on Women and Shame," *Families in Society: The Journal of Contemporary Social Services* 87, no. 1 (2006): 43-52.

<sup>306</sup> *Ibid.*, 47.

<sup>307</sup> Brown, *I Thought It Was Just Me*, 31.

reframes the women's understanding of their past and present self as the powerful, agentic, and loving self of the *imago Dei*. What follows is a brief story from each participant that reflects how her experience of Inner Healing Prayer enabling her to cultivate her sense of self as resilient.

*Nicole* articulated her profoundly transformative experience of God reshaping her identity through IHP as Jesus saying to her:

I'm giving you a dual identity now. You will still be a light in a dark place, but now you have a second identity of being a fountain of living water. And just like you have been healed, just as you have received living water from me, everything that you've been through of trauma and abuse and healing, this new chapter and this new story in your life is going to just be a fountain of living water for other people, too.

After this imaginative encounter with God, *Nicole's* understanding of both her self and her calling to ministry was expanded as Jesus affirmed not only her sense of call prior to the abuse, but added a powerful new dimension to it. For *Nicole* this meant she was able to see herself as more than just a victim of domestic violence that kept her locked in a cycle of pain and suffering, but as a person capable of moving through her trauma towards a new identity as one called to minister to other survivors of abuse. Jesus' words empowered her to see her self as healed and made new by God.

*Karen* found that Inner Healing Prayer cultivated her resilience over the course of this study as she began to find herself recognizing her shame and abuse triggers, and started practicing Listening Prayer on her own to disrupt the distorted self-perceptions she had formed from her boyfriend's abuse. After four weeks of Inner Healing Prayer, *Karen* felt stronger and more capable of processing her abuse memories. She describes it as such:



It's like a place I knew I had to revisit, but I didn't want to on my own. And I wasn't alone because Jesus was with me. Normally when I think of revisiting past memories, I'm alone, and have to process alone how scary or horrifying that experience was... but to invite Jesus into that memory gave me a lot more courage and resiliency to face that. And to enter into that space [of abuse]. And to see things for what it is. Not through the lens of lies and distortions, and all the violence that I have internalized upon myself as a result of that. I was able to set that aside when Jesus entered in, and see the truth of what happened and who I am.

According to Brown's conceptualization of resilience in conjunction with narrative therapy, Inner Healing Prayer made it possible for Karen to remember, tell, and reauthor her understanding of both her boyfriend's abuse, and her ability to process and heal from it.

*Esther* faced incredible challenges in her marriage as well as in the years after she left her abusive husband. Navigating life with three children with a mostly absent father, and still dealing with his financial abuse, Esther entered this study with what she described as quite low self-esteem. In our first interview she told a story about how her husband always undermined her abilities, with her skills in writing standing out as an image of her lack of self-confidence:

I remember resigning from my job early on in our marriage, and I wrote a resignation letter. Looking back it was probably fine. But [my husband] looked it over and said, "No, you don't want to write it like this." So he rewrote it. It made me think he writes much better than I do. Anything I wrote after that he would always challenge it and just rewrite it, and I would just sign it. So when I was asked last year to write a blog for [an organization's website], I thought, "I don't write. I don't write." I've done a degree and I still said I don't write. So there's definitely a lot of questioning my abilities.

After processing some of her abuse memories in Inner Healing Prayer, however, Esther shared, "I'm starting to find myself more confident in myself at work. When my boss encourages me that I've done a really good job, I think I own that a bit more." By reflecting on the shame of the abuse she experienced from her husband within the context

of Jesus' presence reframing the memories, Esther is slowly but surely gaining a sense of her self as powerful at work and with her children, thus affirming her self as resilient.

*Heidi* similarly struggled with finding her identity apart from her marriage after she left her abusive husband:

Even when I managed to get out I was kind of desperate, waiting, all the time praying with friends that he would repent. I had no idea how to do life without him at all. [Inner Healing Prayer] helped me to realize that I can overcome, despite what happened to me. I can be a good mother. I can trust my instincts.

This statement is exemplary of the rest of the women as participant wrestled with her ability to trust her self, her decision-making abilities, her confidence in her roles as mother, friend, student, employee, and so on. Overall, though, the process of witnessing Jesus in their abuse memories—from a place of secure attachment with a loving, compassionate God—was transformative for the women's sense of self as resilient. This practice enabled them to reauthor their self as capable of not only processing their experiences of abuse towards healing, but to compassionately embrace their trauma stories in a more integrated way with their current self as one who is positively moving forward with their life in new, hopeful ways.

### **Finding #3—Transformed Abuse Memories**

Perhaps the most astounding finding from this study is the considerably transformative effect on the women's memories of their domestic violence experiences. From a critical-correlational view utilizing neuroscience and narrative therapy, I proposed that ongoing experiences of Inner Healing Prayer could potentially reconstruct the way survivors' brains remember and hold memories of abuse as Jesus rewrites the past with his compassionate interpretation and interaction with the memories. This concept also connects with trauma theory and psychology's understanding that survivors

of domestic violence often narrate their abuse stories in fragmented, incoherent ways that mirror a disintegrated sense of self.<sup>308</sup> Over the course of the six weeks of engaging in Inner Healing Prayer, then, the women reported that the “stuckness” or ongoing negative effects of their abuse memories significantly diminished in their daily life. Additionally, their stories during the study revealed how their continued secure attachment to God and the compassionate engagement of Jesus amidst their domestic violence past provided them with new, transformed meanings of both self and their abuse memories. From the many stories of the women’s experiences of Inner Healing Prayer in this study, I have chosen one from each participant that demonstrates how their abuse memories transformed in new, hopeful ways.

*Karen* often had powerful encounters with God throughout her entire time of engaging in Inner Healing Prayer with her abuse memories. She was easily able to imagine herself in a safe, peaceful place where she deeply felt Jesus’ love and peace flow through her body. This empowered her to courageously face the many disparate parts of her abuse-informed self and memories—ranging from her feelings of self-hatred, condemnation, guilt, and shame. As she described it:

Jesus sees all the different parts of me, all the ugliness of my boyfriend’s manipulation, control, and lies that bore into my soul. But Jesus is telling me, “What you’re hearing, what you’re feeling, is not true. How you see yourself as a result of what he’s saying is not true. But I am true and in me you have your existence. Through me you exist without having to feel stuck in the shame and guilt. My beloved, this is not true. The truth is that you are free from blame and shame in that situation. The abuse and the traumatic words spoken to attack. Your identity is free from blame and shame. Instead, you are protected. Instead, you have persevered by the love of Christ. Instead, you are powerful. You have the power to stop these cycles. You do not belong here. The power of the Holy Spirit gives you a new, redeemed identity.”

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<sup>308</sup> Herman, *Trauma and Recovery*, 45, 89; Siegel, *Mindsight*, 156-159; van der Kolk, *The Body Keeps the Score*, 60, 178.

This experience with Jesus was an extraordinarily healing encounter for Nicole, enabling her to receive a new sense of self that is powerful, and capable of moving beyond the trauma of her abuse into a hopeful new future emboldened by Christ.

*Nicole* similarly had very strong, embodied experiences of Jesus throughout her journey with practicing Inner Healing Prayer that enabled her to see her self in new ways as Christ reframed her abuse memories. During one session where she was processing a memory of sexual abuse from her boyfriend, Nicole recalled how she felt deep shame that she had not physically fought against her boyfriend. Through Inner Healing Prayer her understanding of that memory of his abuse substantially shifted through the lens of Jesus' compassion:

I thought that [not fighting back] would show him how much I loved him. And even though that wasn't right, I felt like God was saying, "That's what I was thinking, too. I let people abuse and hurt me, too, because I wanted to show how much I love you. Just like your love for [your boyfriend] was at the forefront of your mind when this was happening, my love for you was at the forefront of my mind whenever I was being crucified." Wow!

Seeing Jesus in the memory of her boyfriend sexually abusing Nicole and speaking his loving words into her shame over not resisting him physically, transformed this abuse memory so now she holds it with a new, hopeful meaning. Nicole recognizes now that she did the best she could at the time of the abuse, and while she would make a different choice now, she can see that her response to the abuse was not her being powerless but trying to truly to love as Christ does.

*Esther's* journey with Inner Healing Prayer was a bit more challenging as she experienced more inner resistance to hearing and embracing God's loving, affirming words of her personhood. Still, over time as she consistently heard and saw Jesus speak words of love, acceptance, and hope into her being and in her abuse memories, Esther

was able to open up like a blossom in Spring weather. She describes the overall experience of God transforming her abuse memories as:

Gently healing in ways that I hadn't expected. I was so used to going to bad places that meeting with Jesus in good places and hearing him speaking good things to me was hard at first. But it did help me to go back into the memories, and to see Jesus there in those terrifying places was really helpful. God was protecting me, particularly that time my ex strangled me and I passed out. Seeing the image of Jesus hold back my ex from killing me helped me to see that I wasn't alone. God hasn't abandoned me. He loves me and I didn't deserve this.

Again, like the other women in this study, the imaginal experience of Jesus in the midst of abuse memories through Inner Healing Prayer mitigated Esther's sense of shame, changing the memory so she now understands that she is worth being protected and that God is actively present in her life working for her best.

*Heidi*, like Esther, had some early resistance to embracing Jesus' loving words but as she quickly realized, she had agency in the process of Inner Healing Prayer. She was able to switch her initial meeting place with Jesus to one where she felt more deeply safe and peaceful. "I can change what I am imagining, which helped me open up more," Heidi discovered after our first meeting. "Now I can see Jesus comforting me in those awful times after my husband left me. Nobody else saw what was happening to me, but Jesus did. He knew it was my ex being abusive; it wasn't because I'm horrible that he kept leaving," she discovered one session. As Jesus' compassionate insight revealed to Heidi in Inner Healing Prayer, the trauma of being constantly left by her husband was his own shame and bad choices, not the result of something being wrong with her. Now she can hold that abuse memory differently, with God's compassionate view of her worth and not her previous feelings of being abandoned, alone, and worthless.

*Rosie* also had some resistance at times to encountering Jesus in her abuse memories, but being reminded that she was simply witnessing the memory and not presently in it alleviated her feelings of being overwhelmed. Like Heidi and Esther, she also had a number of physically violent assaults from her husband and also found that Inner Healing Prayer empowered her with a reframed understanding of the memories. In one particularly terrifying memory of violence, Rosie found that Jesus reframed the encounter for her:

I asked Jesus, “Where were you?” and “What was the truth about this thing that happened?” I feel like what he’s showing me is that he was in control. Like he’d provided a protective barrier between my neck and my husband’s arm. I remember tapping on my husband’s arm to say, “No, I really couldn’t breathe.” I feel like what Jesus is showing me is that he was tapping on my husband, with way more force than I had in the moment. And that even though my husband didn’t know it, he responded to that.

Seeing Jesus protect her like that took the power out of the trauma out of the memory for Rosie, so now she holds the memory with the recognition that her strength is matched and made more powerful by Jesus. “It adds a level of peace and safety,” as she reflects back on that memory after Inner Healing Prayer. With this new vision of her abuse memory from Jesus’ interactions, Rosie’s recalling and retelling of this story has changed to incorporate God’s compassionate reframing integrating her suffering with her strength, and God’s peace and love.

### **Inner Healing Prayer Summary**

Such transformed narratives of identity by means of an imaginal encounter with God gives strength to my hypothesis that IHP within painful memories as a means of healing for trauma survivors. Indeed, the stories that emerged from these women throughout the study reveal a healing trajectory away from their trauma-informed self

rooted in shame, self-blame, and the ongoing negative impact of abuse memories. Over the six weeks of engaging in Inner Healing Prayer, all of the women reported significant movement in their sense of self towards a God-informed self. This included narratives of compassion, acceptance, and hope, as seen in their increased self-concept as lovable, resilient, and able to hold their abuse memories in more integrated, healed ways.

Due to the long-term and profoundly disruptive nature of trauma, it was not surprising that the women's stories from this study demonstrated that while transformational healing occurred for each of them, the trauma effects of the abuse didn't completely disappear within the six weeks of this study. Judith Herman outlines three stages of recovery<sup>309</sup> for trauma survivors that resonate with these findings. Stage One is called 'safety and stabilization' and involves accessing and expressing emotions in healthy ways, uncovering and developing inner sources of strength, and learning how to cope with daily life post-abuse. Stage Two is called 'remembrance and mourning' and centers on remembering and processing abuse memories and redefining how these impact survivors' lives. Stage Three is called 'reconnection and integration' and focuses on reframing the self and establishing a new, hopeful future. It is important to remember that the healing journey after trauma is almost never quick—and may indeed be lifelong—while also dependent on numerous forms of recovery praxis. While the journey of healing is not always linear and coherently moving forward, it is evident from the fragments of memories and self that emerged in this study that IHP facilitated the survivors' moving through these stages of recovery towards integration.<sup>310</sup>

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<sup>309</sup> Herman, *Trauma and Recovery*, 196-213.

<sup>310</sup> *Ibid.*, 133-236.

Resonating with this trauma theory of recovery, all of the women told stories of ongoing struggles in coping with their trauma, despite their profound encounters with God. One woman elucidated this experience with clarity: “I still struggle you know as most people do, with self-acceptance and I still struggle with body image issues.” Likewise, another woman revealed the following: “Because so much of me being abused and me being in a season of recovering from abuse, I have felt very hidden. Very much like I had to protect myself, like I couldn’t let people in, so I still have more to uncover.” It seems evident, then, that healing is a long journey and there are no quick fixes. Still, the women’s stories and reflections unmistakably revealed that the imaginal, affective encounters with God in IHP deeply enabled them to make new meaning of their trauma, their self, and their potential for their future being increasingly free from trauma-induced suffering. Neuroscience and neuropsychology again provide helpful insights into the complexities of this healing journey for the women, reminding us that the various forms of domestic abuse become embedded in their neural pathways as the experience trauma. With the hope of neuroplasticity, however, new, hopeful meanings of their abuse memories and a transforming sense of self undoubtedly occurred through engaging in IHP as the women had repeated, embodied and affective imaginal encounters with God’s love in the midst of their trauma.

Through IHP the women were empowered towards healing and transformation, and this was witnessed in their increasing integration of self—holding together both the trauma- and God-informed selves with compassion—such that they could reauthor their self and their future with new, hopeful meanings. A key factor in this work of integration and reauthoring as enabled by IHP, I propose, is the embodied, affective connection with



the Triune God. As Brown's Shame Resilience Theory purports, empathy is the antidote to shame and the means to cultivate shame resilience;<sup>311</sup> thus, it makes sense that fostering a secure attachment to the loving, compassionate Trinity via IHP would be a powerful healing agent for survivors.

A Christian feminist theological view of the Trinity views the Holy Spirit, Son, and Father in a dance of mutuality, equality, and unity of love that benefits the other. With this understanding of the Triune God as the basis for my model of IHP, Brown's healing agent of empathy is substituted with the Trinity who nurtures the transformation of survivors in God's image. This reforming of the *imago Dei* after domestic violence can also be understood as a movement from the False Self formed in the abuse, towards the True Self revealed in IHP as God's beloved. IHP can thus be seen as part of survivors' healing journey with Christ that invites women as fully *imago Dei* to a personhood of equality free from domination and oppression. Through IHP, the survivors experienced God's compassion in profound and vivid ways that yielded positive results on re-framing their trauma memories and sense of self as transformed. From an interpersonal neurobiological stance, healing then could be evidenced by reconsolidating trauma memories, thus enabling survivors to form a more solid sense of self and construct new meaning of the world that enables their ability to move forward in life.

### **Limitations**

In the quest to explore whether Inner Healing Prayer could be an effective spiritual practice for Christian clergy to aid in the recovery journey of female survivors of intimate partner violence, it is important to note the limitations of this qualitative study. Employing narrative and IPA methodologies, this study relied on a relatively small

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<sup>311</sup> Brown, "Shame Resilience Theory," 47.

number of participants (five), and the utilization of the women's self-scores. While these practices are in line with standard methodological approaches in these areas, the lack of a common median self-score amongst this small group raises questions as to the generalisability of this study. Similarly, given that the women were only from the USA and England, the results may not accurately indicate that IHP would be as effective in other cultural settings. In addition, despite the diversity of the five women, factors such as age, income and education levels, cultural and denominational differences, history of childhood abuse, the duration of the abuse, and the length of time since the relationship ended, were not analyzed for their impact on their experiences of IHP. In particular, the women in this study were required to have a minimum of two support members, including clergy, therapists, non-profits, friends, and family. As many survivors of domestic abuse are quite isolated from such positive support, this study's positive results may not be reflected in a sample of women who cannot access support services and build a support network. Given that trauma recovery undeniably benefits from multivariate dimensions of healing praxis, it would be extremely wise for pastoral caregivers implementing IHP in their practice to strongly encourage survivors to engage in additional support, such as counseling, medical care, exercise, survivor support groups, and so on.

Another, rather substantial, limitation to this study is that I, the researcher and pastoral caregiver, am significantly trained in domestic abuse and pastoral care. Even long-term and highly adept counselors face challenges in their practice to 'do no harm.' Working with trauma survivors is notably complex, and can quickly become a overwhelming or even damaging space for the women we journey with, despite our best

intentions and thoughtful care. While I deliberately developed the structure of my IHP practice with survivors based on contemporary trauma theory and counseling research to reduce the chance of activating trauma and difficult emotions, it is always the case that a trauma survivor may experience any number of symptoms, triggers, or unpredictable behavior. It is thus imperative that those who wish to utilize IHP in their praxis—particularly non-professional counselors, such as pastors and lay leaders—be trained to recognize the manifestations of trauma, coping strategies such as emotional regulation techniques, and referrals for emergency situations.

While recognizing the validity of the limitations of this study, its worth is confirmed by both narrative<sup>312</sup> and IPA<sup>313</sup> methodological literature that acknowledges the goal of these approaches is not so much to make claims about broad populations—certainly not global ones—but rather to make an in-depth study of unique lived experiences. This affirms the goal of this project in terms of listening to the rich narratives of the voices of women engaging in their healing journey through the practice of Inner Healing Prayer, while also recognizing the need for training for caregivers to implement my model, and the opportunity for additional research.

### **Important Considerations**

While the results of this research are incredibly promising, for those interested in utilizing Inner Healing Prayer with survivors, there are a number of vitally important considerations that should be taken into account before engaging in this praxis. First, given the incredible vulnerability of trauma survivors in their healing journey, it is necessary to ask the question: who should be providing IHP as a praxis of care for

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<sup>312</sup> Bold, *Using Narrative in Research*, 37.

<sup>313</sup> Smith and Osborn, “Interpretative Phenomenological Analysis,” 55-56.

survivors? It may seem evident that clinically trained Christian therapists and psychologists would be ideal practitioners, and particularly only those specifically knowledgeable in trauma care. However, in light of the reality that millions of survivors do not have access to care from such experts, and instead seek care from clergy, lay leaders, and friends in the Church, it is critical that the broader Christian community be equipped to provide care for survivors. With the safety of survivors as our highest priority, there are a number of essential capacities that non-expert practitioners must develop *before* engaging in IHP praxis with trauma survivors, which I will now outline.

### Capacities for Caregivers

It is vital to recognize that survivors of domestic abuse are an incredibly vulnerable population to provide care for, and the risk of retraumatization for survivors engaged in IHP is high given the trauma memories being accessed in this praxis. Still, survivors represent possibly the largest population of people in need of support and healing within our communities and our churches, and those who are willing to develop a set of capacities for trauma care could provide much needed support to survivors.

Foundational capacities include:

- *Training in domestic abuse/intimate partner violence*—including knowledge of what constitutes abuse, the risks and dangers experienced by victims/survivors, and their child(ren) experiencing abuse, as well as those involved in leaving and recovering.<sup>314</sup> This also involves requiring trauma survivors to develop and

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<sup>314</sup> I have partnered with Restored—a Christian domestic abuse agency based in the UK—to develop a booklet to help US churches effectively address domestic violence. This church pack is full of resources to gain an understanding of relationship abuse, including an outline of the five types of abuse, steps to respond to a survivor in crisis, critical theological reflection, and more. For Canadian and US based churches, this resource is available to download here: <https://www.restoredrelationships.org/resources/info/147>. For UK based churches, see here: <https://www.restoredrelationships.org/resources/info/51>. Additionally, I have written a number of chapters

- maintain a robust support team—including clinical counselors, medical doctors, spiritual directors, family, friends, or support groups—before and during engagement with IHP praxis.
- *Listening skills*—Basic therapeutic skills in active listening, compassionate non-verbal communication, cross-cultural awareness, and decentered, agentic stance (as outlined previously in this chapter)
  - *Self-awareness*—In order to avoid burn out and vicarious trauma as a caregiver, in addition to minimizing harm for survivors we work with, practitioners need to cultivate the capacity to recognize their own emotional and physiological reactions. This includes not only a deep understanding of one’s own emotions, but also the ability to regulate those emotions, especially when faced with the often overwhelming stories of trauma survivors. Additionally, practitioners need awareness of their bodily signs and symptoms associated with stress, such as increased heart rate and breathing, sweating, headaches and muscle tension, hot flashes, and stomach pain. Competency in emotional regulation and regulatory exercises, such as the breathing and meditation practices outlined in Chapter 4, is essential in self-differentiating the self as caregiver and coping with the trauma of survivors.
  - *Self-care*—Practitioners need to cultivate support systems that regularly and intentionally nurture their own care, including secondary trauma or trauma triggers they might experience. This could include: pastors, spiritual directors, family, friends, therapists, medical doctors and psychiatrists, and support groups.

### Capacities for IHP Praxis

In addition to developing the knowledge, skills, and internal capacities to engage in pastoral care with survivors of domestic abuse, caregivers should cultivate specific praxis for recognizing and responding to trauma reactions that may occur when utilizing Inner Healing Prayer. A cautious approach is vital given the overwhelming experience of being abused by a partner, along with the ongoing trauma impact on a survivor even after she is free from her abuser. Furthermore, as IHP involves recalling trauma memories, the possibility of a survivor being triggered is a constant reality that must be faithfully attended to by practitioners. Domestic and sexual violence expert, Dr. Christy Sim, provides helpful insight into the signs to be alert for when working with trauma survivors. Somatic—or physiological—signs include: slow or increased breathing, dilated pupils, sweating, flushes, shivering, muscle stiffness, twitching or shaking, and intense crying.<sup>315</sup> Emotional reactions that may indicate trauma has been triggered, include emotional numbness, agitation, strong anger or despair, or being stuck in a trauma memory—particularly if the survivor is experiencing the memory as though it is in the present. These signs of distress may signal to the practitioner that the survivor is being triggered, and that her brain—and therefore her body—is being activated by trauma.<sup>316</sup> Prioritizing a survivor's safety during IHP praxis is crucial, so noticing these signs of hyperarousal and emotional dysregulation are essential capacities for anyone working with survivors.

The first step in responding to these signs during IHP is to pause the practice and let the survivor know what you are observing and check in with them. You might say,

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<sup>315</sup> Christy Gunter Sim, *Survivor Care: What Religious Professionals Need to Know about Healing Trauma* (Nashville, TN: Higher Education & Ministry, The United Methodist Church), 78.

<sup>316</sup> van der Kolk, *The Body Keeps the Score*, 61-62.

“I’m noticing that your breathing seems quite heavy and fast, and that tears are flowing down your cheeks. I just want to check in with you and see if you’re okay, or if this too painful for you?” If the survivor is able to respond and verbalize in such a way that communicates she recognizes her somatic symptoms and is in control of them, and feels safe to continue, then you might invite her to pause with you and re-engage her grounded self through the original breathing exercises or safe place in her mind. Once she exhibits awareness of her body and her emotions, along with self-control of them in the present moment, you can invite her to re-engage the practice as she wants to. However, if a survivor is unable to verbalize, to be cognizant of her somatic or emotional reactions, or articulates that she is overwhelmed or in distress, the practitioner should immediately stop the IHP practice and invite the survivor to engage in regulatory practices that foster calm and safety. Through grounding exercises, the survivor can move from their trauma reaction to the safety of the present moment with the practitioner. This includes asking her to pay attention to bodily sensations such as focusing on slowly and deeply breathing or noticing her feet on the ground and her back against the chair. Other grounding techniques include sensory activities such as taking an inventory of everything in the room, listening to or singing a song, stretching or other body movements. What enables a person to regulate their body and emotions is unique, so work with whatever exercises facilitates calm for the survivor in their distress. Once calm and safety has been established, ask the survivor how she will connect with her support team and encourage her to do so immediately. IHP praxis should only be re-instated at a later date after the survivor has intentionally nurtured her sense of peace and capacity to self-regulate.

It cannot be reiterated strongly enough that the survivor's safety during recovery and healing practices be of ultimate priority. When non-clinically trained practitioners engage in IHP praxis with survivors, then, a careful and cautious approach founded on awareness of domestic abuse, caregiving skills, and emotional self-awareness, must be combined with observational capacities for signs of trauma during the IHP practice. Keeping in mind our ultimate goal of enabling survivors to be free to heal, practitioners of IHP will take the time to develop these capacities for intervening should distress or trauma be triggered during a practice. In so doing, we trust the guidance of the loving God within the IHP praxis, alongside the humble awareness that trauma survivors are incredibly vulnerable and deserve our best efforts to foster their safety and healing.

### **Further Research**

With only a few scholarly articles reviewing the practice of IHP—primarily within the therapeutic setting—it appears that no prior quantitative or qualitative research has been done on this form of prayer. Furthermore, in my search for this project, no research or articles have been found that either propose the use of IHP for general trauma or intimate partner violence survivors, nor has any qualitative research been with survivors and IHP. Thus there is a significant gap in the field, which this study aims at creating a foundation on which other researchers can build.

Additional areas for further research include a study comparing IHP with other imagination-based prayers, such as St. Ignatius of Loyola's Daily Examen or the more contemporary concept of Listening Prayer, to determine the effectiveness of the various forms of prayer in terms of healing or transformation of painful memories. Perhaps one of the most critical questions the present research field has yet to fully explore is whether



it is the presence of *Jesus*—or the Triune God—that makes the difference in healing memories. For instance, would imagining a dearly loved friend or parent, Buddha, or Gandhi in an imaginal experience with one's painful memories make a similar impact? Along this line of thought, there may be reason to utilize IHP in interfaith or different religious and/or spiritual groups. Additional consideration needed in further research also includes an analysis of intersectionality, ethnicity, socioeconomic status, ongoing trauma / crises, age, development, and so on, to determine what impact they make on how an individual narrates their experience of intimate partner violence, as well as IHP.

Finally, a comparison of the healing impact of IHP to that of the latest trauma research purporting EMDR, yoga, meditation, and other healing interventions as successful for trauma survivors needs to be undergone. Such research could prove absolutely instrumental in training and equipping Christian clergy and lay leaders to provide effective and transformative support with female survivors in their care. The final chapter will explore the implications of this study for the field of pastoral theology, care, and counseling. Additionally, I will develop my own framework of Christian feminist pastoral theology and praxis of care for clergy with survivors of domestic abuse, and present an outline of my proposed recovery course for women to be free to heal.

## CHAPTER 7

### CONTRIBUTIONS AND IMPLICATIONS FOR PASTORAL THEOLOGY, CARE, AND COUNSELING

We cannot allow these violations against millions of women to continue. We cannot ignore their suffering or condone this assault on our humanness. Ending the violence is urgent. The scars across humanity are deep. It is time to join the healing and the work of restorative justice.<sup>317</sup>

— Elaine Storkey

#### FREE TO HEAL: AN INTIMATE PARTNER VIOLENCE RECOVERY PROGRAM FOR CHURCHES

#### Introduction

Throughout this dissertation I have explored how intimate partner violence impacts Christian female survivors' sense of self, ultimately malforming their identity in shame. Utilizing an interdisciplinary dialogue between the cognate fields of trauma theory, narrative therapy, and neuropsychospirituality, the ongoing trauma of domestic abuse has become apparent. As this project has discovered, however, there is hope for transformative healing through the Christian spiritual practice of Inner Healing Prayer. This chapter will highlight the hopeful contributions of this project in terms of Inner Healing Prayer as an accessible practice for spiritual practitioners to the field of pastoral theology and spiritual formation. Additionally, I will outline my feminist pastoral theological vision for clergy to address intimate partner violence within their vocational

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<sup>317</sup> Storkey, *Scars Across Humanity*, 223.

calling. This will provide a strong foundation for the church-based recovery course I am developing through my research, called Free To Heal. Its aim is to both equip clergy to implement and provide effective, research-based Christ-centered healing opportunities for female survivors of domestic abuse, as well to enable the world's first free, trauma-informed neuropsychospiritual Christian recovery program for survivors globally.

Finally, I will present an outline of this 12-week program and my unique formulation of Inner Healing Prayer. In so doing, I will tie together my dissertation's work of deeply understanding the trauma impact of relationship abuse, with an interdisciplinary feminist pastoral theological praxis of recovery for Christian female survivors.

### **Contributions**

With our growing awareness of violence against women and girls in the world today, it is vital we recognize that gender-based violence is the most serious, pervasive, and ignored violation of basic human rights today. Yet, sadly, the church remains largely silent on this often invisible global crisis. This dissertation is one of the numerous voices in the midst of the #MeToo and #InChurchesToo movement calling for the church to break the silence of domestic abuse by directly calling clergy and laypeople alike to take action on this daily issue within the church.

While research with survivors of intimate partner violence is fairly well studied and continues to be a prominent concern in secular research, there is shockingly limited research that either centers on spiritual practices of recovery from abuse, or integrates Christian spirituality with psychological or neuroscientific research. In fact, there are no free psychologically, theologically, and spiritually integrated recovery programs for survivors of intimate partner violence. Given the significant role of religion in the abuse

of women, it is imperative that such a program addresses the religious and faith traditions that often undergird gender violence, offering a faith perspective that empowers women to recover.

In view of the complexity of trauma recovery, doctoral-level research such as this study is requisite to the creation of the necessary resources to help survivors around the world be restored to well-being. Furthermore, after years of discerning this project in consideration with numerous theologians, trauma experts, and survivors, it seems clear that this research is not only unique, but desperately needed by the church to fulfill its mission to cultivate the Kingdom of God on earth.

Not only will this research represent the first scientific study on Inner Healing Prayer as a practice, but it will also contribute to the development of resources to equip and mobilize individuals and churches around the world to end violence against women. The three primary outcomes of this research that I will engage in following the completion of my dissertation are to:

- Raise awareness of the issue of domestic/intimate partner violence against women and advocate for change
- Mobilize and equip churches, Christian organizations, and individuals to act against violence against women and girls
- Develop new resources, most especially the creation of a domestic violence recovery course that can be offered for free by churches around the world

The church and the world need spiritually integrated psychotherapeutic resources and training to address this prolific form of injustice facing our women and girls today. I offer

this research freely to help meet this gap in knowledge, awareness, advocacy, and practice.

As we have seen, despite one-third of women experiencing violence from a male intimate partner in their lifetime—including within the Christian church—there is shockingly limited resources to aid clergy and lay leaders in supporting women to heal from the profound trauma of domestic violence. Frequently women are forced to leave their church community in order to find safety and support. My aim is to create the first-ever church-based domestic violence recovery course for Christian women that enables them to heal: mind, body, and soul. Through my doctoral work and research, I have begun to develop this course and have already started training clergy on how to address intimate partner violence. While significant funding will need to be secured in order to professionally produce this course and make it available to churches globally to implement, I have developed the content outline, spiritual practices, and program platform. Before I outline this domestic violence recovery course curriculum, however, I will first lay a foundation for this pedagogical work by framing a feminist pastoral theological approach and praxis for clergy to care for survivors within their ministry. In so doing, I hope to envision pastoral caregivers to recognize and be empowered to reflect on and helpfully engage their vocational calling of caring for souls—especially those who are vulnerable, marginalized, and suffering.

## FEMINIST PASTORAL THEOLOGY AND CARE FOR SURVIVORS

### **Hosting the Soul: A Framework of Pastoral Care**

Pastoral caregiving—whether enacted by a pastor or the faith community—is centered on the work of promoting spiritual health by helping the church attend to the

presence of God in their lives.<sup>318</sup> As such, Christian pastoral ministry is particularly about caring for God's people by cultivating safe spaces for the soul to be nurtured and reformed in the image of Christ (Ephesians 4; Galatians 4:19). The pastoral image I utilize is one of motherly travail; just as a woman in the midst of birthing pains we labor to produce the children of God. It is a vocation of the art of hospitality as the pastor creates a home that would host any soul—even a stranger—offering welcome, compassionate embrace, safety, and freedom for the soul to be entertained in love. As hosts we invite people to encounter Christ amongst a people gathered at the table—whether that be the Eucharist table, the dinner table, or the banquet table—where every soul can be healed and made whole by the transformative power of the Holy Spirit (John 6:53-58; Luke 14: 15-24). For Christian female victims and survivors of intimate partner violence, this vision of pastoral care is fundamental towards cultivating the church as a safe place for healing and transformation. Given the multivariate complexities that contribute to the traumatic experience of relationship abuse, pastoral care must intentionally address both the broader sociocultural systems that impact recovery as well as the individual needs of survivors in their care.

### The Social Scope of Pastoral Care

Viewing pastoral care through a paradigm of hosting the soul, the pastoral caregiver does well to develop a multi-layered knowledge of the sociopolitical structures, cultural norms, and other influences that form the human identity—recognizing how they either promote or denigrate our objective of human flourishing.<sup>319</sup> While remaining centered on Scripture and other stalwart Christian texts, the practice of pastoral care is

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<sup>318</sup> Barbara McClure, "Pastoral Care," in *The Wiley-Blackwell Companion to Practical Theology*, ed. Bonnie J. Miller-McLemore (Oxford: Blackwell Publishing, 2011), 269-270.

<sup>319</sup> Doebling, "A Method of Feminist Pastoral Theology," 97-102.

also aided by a multidisciplinary approach employing social science theories that work together with theology towards restoration and transformation of souls.<sup>320</sup> Additionally, pastoral caregivers may integrate a theological and social anthropology with a robust contextual and cultural analysis, recognizing that souls are formed and malformed within a “living human web” of interconnected relationality.<sup>321</sup> The pastor works to interpret both Scripture and the “living human document” within the “web” by paying attention to the complexities of cultural contexts to identify and resist systems, structures, and ideologies—both within and outside the church—that oppress, marginalize, and perpetuate abuse against women.<sup>322</sup>

Pastoral ministry thus includes liberative, empowering acts that envision and facilitate the reformation of survivors’ sense of self as the new humanity in Christ, while also cultivating their well-being through addressing and resisting the systemic influences<sup>323</sup> that reinforce relationship abuse. Entering into the fray of both local and global injustice as well, the pastor works to host souls by deconstructing the disordered relationships of those with privilege through social activism, just as “Jesus challenged specific social practices and attitudes in his radical social and spiritual engagement of people.”<sup>324</sup> Paying attention to the particularities of individuals—especially the voices of the marginalized and oppressed—pastoral care must recognize and address the power hierarchies which dominate and subordinate women based on gender, race, class, and

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<sup>320</sup> Nancy J. Ramsay, ed., *Pastoral Care and Counseling: Redefining the Paradigms* (Nashville: Abingdon Press, 2004), 3.

<sup>321</sup> Bonnie J. Miller-McLemore, “The Human Web: Reflections on the State of Pastoral Theology,” *Christian Century* (April 7, 1993): 336-339.

<sup>322</sup> Emmanuel Y. Lartey, *In Living Color: An Intercultural Approach to Pastoral Care and Counseling*, 2<sup>nd</sup> edition (London: Jessica Kingsley Publishers Ltd, 2003), 172.

<sup>323</sup> McClure, “Pastoral Care,” 275-277; Hoeft, *Agency, Culture, and Human Personhood*, 151-168.

<sup>324</sup> Traci C. West, *Disruptive Christian Ethics: When Racism and Women’s Lives Matter* (Louisville: Westminster John Knox Press, 2006), 49.

other points of intersectionality, continually reevaluating our theology and methodology of care to “respond to God’s call for mutuality, love, and justice for all of creation.”<sup>325</sup> This includes such actions as supporting local domestic violence shelters, participating in women’s marches, lobbying for changes in the law regarding relationship abuse. It also means working to address the larger interrelated systems of culture that oppress women, such as the gender pay gap, the lack of women in leadership positions, the dehumanization of females in media, film, and advertising, as well as the deeply embedded issues of racism and poverty in our culture. Just as critical for the pastoral care of female survivors of intimate partner violence is acknowledging the church’s part in perpetuating relationship abuse and putting up roadblocks to survivors’ healing, as discussed in Chapter 1.

Utilizing the spiral model, the unfolding framework of pastoral care for survivors has addressed the importance of attending to the socio-political structures that undergird women’s experiences of relationship abuse, as well as the role of the church in perpetuating intimate partner violence.<sup>326</sup> Consequently, cultivating safe spaces for the souls of survivors to be hosted requires a praxis of pastoral care that ultimately is about co-laboring with God to establish *shalom* on earth by engaging in both social and ecclesial transformation.<sup>327</sup> Ultimately, the social element of pastoral care is demonstrated by the capacity of the church as a prophetic community to live out the Scriptural commission to extend Christ’s ministry of healing, deliverance from injustice,

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<sup>325</sup> Christie Cozad Neuger, “Power and Difference in Pastoral Theology,” in *Pastoral Care and Counseling: Redefining the Paradigms*, ed. Nancy J. Ramsay (Nashville: Abingdon Press, 2004), 85.

<sup>326</sup> Bonnie J. Miller-McLemore, “Pastoral Theology as Public Theology: Revolutions in the “Fourth Area,” in *Pastoral Care and Counseling: Redefining the Paradigms*, ed. Nancy J. Ramsay (Nashville: Abingdon Press, 2004), 50-57.

<sup>327</sup> Charles Gerkin, *An Introduction to Pastoral Care* (Nashville: Abingdon Press, 1997), 68; Emmanuel Y. Lartey, *Pastoral Theology in an Intercultural World* (Cleveland, Pilgrim Press, 2006), ii, 29-30.



and shalom<sup>328</sup> for women who are abused by their intimate partner.

### The Personal Scope of Pastoral Care

Just as pastoral care entails social advocacy for relational justice to facilitate flourishing for the women worldwide who experience intimate partner violence, so, too, does it provide personal care to survivors through one-to-one appointments. The praxis of pastoral care, then, is based on two aims of relational wellness: “relational humanness and relational justice [which] are complementary, and they function concurrently in the widened scope of care.”<sup>329</sup> Thus, it is imperative that pastors know their congregation personally and individually in order to advocate for their needs, and to host a safe place in individual pastoral care meetings. Indeed, it is in the latter space that women often reveal their experiences of abuse to pastors and thus a thoughtful and compassionate response to their stories is imperative. At the heart of pastoral care for survivors, then, is the re-formation of their personhood by *listening*, *holding*, and *bearing witness* to their stories of abuse, thus enabling them to *reconstruct* their identity and relearn the world as God’s beloved.<sup>330</sup>

Pastors enter into the church’s corporate and individual narratives of identity, endeavoring to develop a cohesive narrative rooted in the Christian faith amidst the diversity of people’s stories.<sup>331</sup> Through dialogical practice emphasizing the skills of listening and artful guidance, pastoral care journeys with loving, compassionate presence to people’s storied lives while stewarding the soul to discern God’s presence and the

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<sup>328</sup> Gerkin, *An Introduction to Pastoral Care*, 90; William H. Willimon, *Pastor: A Reader for Ordained Ministry* (Nashville: Abingdon Press, 2002), 251-265.

<sup>329</sup> Ramsay, *Pastoral Care and Counseling*, 4.

<sup>330</sup> John Patton, *Pastoral Care: An Essential Guide* (Nashville: Abingdon Press, 2005); Lartey, *Pastoral Theology*, 111-112.

<sup>331</sup> Gerkin, *An Introduction to Pastoral Care*, 151-240.

movement of the Spirit within their narrative.<sup>332</sup> The narratives of survivors' experiences of abuse may lead the pastor to theological themes as multilayered and challenging as suffering and theodicy, life transitions and existential questions, trauma, grief and loss, or economic and racial injustice. Framing pastoral care around a threefold paradigm of listening to self, God, and others, the pastor can resist the temptation to be experts in these multifaceted areas, instead positioning oneself as a sojourner alongside those they care for.

Utilizing training from the social sciences to understand the formation of the self through childhood development, family systems, attachment, narrative, and other relevant theories, the pastor can facilitate survivors' processes of constructing and reconstructing meaning and identity from abuse victim towards a robust Christian identity.<sup>333</sup> Together with those they care for, then, the call for pastors to host souls is an invitation to survivors to reimagine their self in the presence of the incarnational God by integrating the fragmented pieces of their abuse narratives into the broader story of their lives and the Christian faith in ways that bring hopeful meaning.<sup>334</sup>

Whether pastors use therapeutic techniques or ancient Christian spiritual

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<sup>332</sup> Patton, *Pastoral Care*, 40-41.

<sup>333</sup> While it is beyond the scope of this dissertation to explore in-depth the distinctions of multi-ethnicity in terms of understanding pastoral theology and praxis specifically addressing the needs of women of color, this is an absolutely essential undertaking for pastors and the larger Christian church in order to attend helpfully to the diverse, complex, and unique issues of gender and race. Womanist resources addressing black Western women can be found in: Phillis I. Sheppard, *Self, Culture, and Others in Womanist Practical Theology* (New York: Palgrave Macmillan, 2011); Stephanie M. Crumpton, *A Womanist Pastoral Theology Against Intimate and Cultural Violence* (Basingstoke: Palgrave Macmillan, 2014); Wilda C. Gafney, *Womanist Midrash: A Reintroduction to the Women of the Torah and the Throne* (Louisville: Westminster John Knox Press, 2017). While it is difficult to find pastoral theological resources specifically addressing Latina and Asian women, the following books bring these theological voices to the table, respectively: Ada Maria Isasi-Diaz, *Mujerista Theology: A Theology for the Twenty-First Century* (New York: Orbis Books, 1996), and Kowk Pui-lan, *Introducing Asian Feminist Theology* (Cleveland, The Pilgrim Press, 2000). Finally, a good place to start in looking for multi-ethnic pastoral theology is Jeanne Stevenson-Moessner and Teresa Snorton, eds., *Women Out of Order: Risking Change and Creating Care in a Multicultural World* (Minneapolis, Fortress Press, 2010).

<sup>334</sup> Neuger, *Counseling Women*, 93-126.

practices, they can help survivors nurture a secure attachment to self, God, and others, which increases their resiliency and capacity to infuse their suffering with faith and hope. As much of pastoral care with survivors of intimate partner violence is about fostering healing for women through difficult and even life-threatening transitions, losses, traumas, mental health struggles and other serious challenges, it is essential to recognize the limitations of pastoral care regarding complex concerns and to develop a local network of mental health professionals and other community resources to refer survivors to when needed. This enables the pastor to remain centered on soul care that is *spiritually*-directed. Different from clinical counseling, pastoral care is profoundly informed by a Christological theology grounded in the living Word, recognizing that it works alongside the Holy Spirit as the active agents of redemption, healing and transformation for the soul. The foundation of such inter-relational soul care is facilitated by “intra-relationality”—the care of self—and thus, the source of pastoral caregiving originates from one’s own embodied journey of self care.

### The Self in Pastoral Care Ministry

Living faithfully as a self in pastoral care ministry involves more than theological education, development of pastoral care skills, and a personal relationship with Jesus; it engages the emotional and psychological elements of a person as earlier explored in the section on self.<sup>335</sup> Due to the inter-relational nature of pastoral care, the spiritual and emotional development of the pastor’s self is vital through attuning, nourishing, and renewing practices of soul care. Just as the pastoral caregiver journeys with survivors in

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<sup>335</sup> The critical importance of critically reflecting on one’s own personhood in pastoral care and counseling is explored in Pamela Cooper-White, *Shared Wisdom: The Use of Self in Pastoral Care and Counseling* (Minneapolis: Augsburg Press, 2004), and Ronald W. Richardson, *Becoming a Healthier Pastor: Family Systems Theory and the Pastor’s Own Family* (Minneapolis: Augsburg Fortress, 2005).

ongoing stories of the soul where they move towards healing, transformation, and re-formation into the *imago Dei*, so pastors must also embody this inner journey of the formation of their own soul by discerning and encountering the love and compassion of Jesus.

The primary work of pastoral caregiving rests on the ability of the practitioner to attune to one's own self, to regulate one's emotions, and to choose how to respond to one's experiences of others; essentially, this is the work of forming one's "inner space" of self which enables pastors to nurture the self of others.<sup>336</sup> The basic concept of pastoral care is that one cannot journey with others into areas of the soul one has not first attended to in one's own self or one's care will be as malformed. Cultivating the inner space of a healthy self entails thorough self-reflection on one's family-of-origin experiences where practitioners can acknowledge and address the patterns of dysfunctions, rules, roles, power differences, and other dynamics of their childhood in order to increase their self-differentiation.<sup>337</sup> Significantly, there is a high correlation between a pastor's self-differentiation—the ability to maintain one's independent sense of self while remaining close to others—and the ability to care well for others. Given the intensity of emotions that often arise in pastoral care with survivors of abuse, it is especially important for practitioners to have a large inner space where they can attend to and regulate their own emotions, triggers, coping techniques, and anxieties so they can nurture survivors in their well-being.

Through regular practices of soul care such as Spiritual Direction, counseling, friendships, or spiritual exercises such as the Daily Examen, inner healing or listening

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<sup>336</sup> Jaco J. Hamman, *Becoming a Pastor: Forming Self and Soul for Ministry* (Cleveland: The Pilgrim Press, 2014), 52-56.

<sup>337</sup> Richardson, *Becoming a Healthier Pastor*, 13-67.

prayer, pastoral caregivers must toil in the garden of their own soul before helping survivors to flourish. In so doing, the pastoral caregiver develops a solid sense of self that is robust enough to engage in *kenosis*—an emptying of self in order to incarnate the soul of the Gospel.<sup>338</sup> By journeying not only with others, but also in silence and solitude—just as Christ withdrew from others—that caregivers securely attach to God, self, and others, in an ongoing connection to God’s presence. This work of forming the self must also involve theological reflexivity to identify, evaluate, and reform one’s own theology towards life-giving Christian beliefs and values through critical and thorough reflection. This enables pastoral caregivers to resist the temptation to minimize or silence the often complex, ambiguous, and traumatizing stories of survivors, and help them reconstruct new, hopeful meaning of their life stories through embodied spiritual practices.

Practitioners of pastoral care, then, must continually engage in the practice of reflexivity in order to minister from their True Self as God’s beloved, renewed and guided by the Holy Spirit. This is requisite for pastoral care to remain as a guide and sojourner in the survivor’s trauma story, and to empower them to encounter Christ as the healer, not the pastor.<sup>339</sup> Ultimately, this enables the pastoral caregiver to envision, embody, and invite survivors of abuse to also embrace the eschatological journey of co-laboring with God in nurturing the shalom of his Kingdom throughout the earth.

Whether attending to the larger sociocultural influences on experiences of intimate partner violence, the church’s role in perpetrating abuse, providing direct care to survivors, or engaging in self-reflexivity, this framework for pastoral care with Christian female survivors demands authentic advocacy and compassionate praxis. I now delve into

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<sup>338</sup> Lartey, *In Living Color*, 175-176.

<sup>339</sup> Pamela Cooper-White, *Braided Selves: Collected Essays on Multiplicity, God, and Persons* (Eugene: Wipf and Stock Publishers, 2011), 120-134.

the specifics of a three-fold praxis for pastors and the church to take tangible actions towards cultivating the church as a safe space for survivors to be believed, supported, and free to heal.

### **Praxis of Pastoral Care for IPV**

One of the primary reasons clergy often fail to provide helpful support for survivors is a lack of awareness and training on intimate partner violence. Indeed, the vast majority of pastors never learn about relational abuse while studying at seminary, and this perpetuates a deficient understanding of what constitutes abuse. Additionally, most clergy adhere to androcentric hierarchical theology that ultimately yields to advising women to submit to abusive husbands.<sup>340</sup> Regardless of one's theological position, however, if church leaders can agree that all forms of violence are against God's will, then we have a common starting ground to address this destructive and rampant injustice in our churches and our communities. Embracing the truth that violence is the context of women's everyday lives, such knowledge must begin to shape our pastoral leadership and care. Church leaders and faith communities can—and must—intentionally work to prevent intimate partner violence, attend to presenting crisis situations, and support survivors' recovery.

### **Prevention**

It is important that churches make an unwavering commitment to stand against all forms of abuse; such a position involves undertaking clear steps to prevent intimate partner violence within their faith community. Establishing a mandate or charter that unilaterally condemns relational abuse makes a public statement that this behavior will not be tolerated by the church. Hosting conferences or inviting a local expert to teach a

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<sup>340</sup> Kroeger and Nason-Clark, *No Place for Abuse*, 126-130.

class on intimate partner violence that all church staff and lay leaders are required to attend, is an essential step of intentionally growing awareness on the topic that could also be made available to the broader church and local community.<sup>341</sup> Additional awareness and skill-building opportunities that would aid in prevention could include teaching Sunday school classes, youth and young adult courses on the signs of relationship abuse and healthy relationship skills, and incorporating teaching on intimate partner violence and steps for help in pre-marital and marital pastoral counseling.<sup>342</sup> Churches can also make relevant books and online resources readily available, as well as preaching and including Sunday prayers on this vital issue, and creating a pastoral/lay care team equipped to support survivors.<sup>343</sup> Preparing special training, talks, survivor testimonies, and other events each year in October—domestic violence awareness month—can also make a strong impact. Such steps would be substantial in both breaking the silence of intimate partner violence, as well as preventing assault from occurring.

### Crisis Support

Despite our best efforts, the sad reality is that relationship abuse continues to occur. The previously outlined suggestions would be a robust movement towards establishing the church as a safe place for survivors to seek assistance, as many women of faith would naturally do. In the midst of a crisis situation, however, it can easily be overwhelming for a pastor or congregant to know how to help. Such an event typically exceeds a woman's ability to cope given the high level of anxiety, stress, and possibly fear. She may feel out of control, be flooded emotionally, and present as confused,

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<sup>341</sup> Miles, *Violence in Families*, 46.

<sup>342</sup> See Appendices A and B for a simple but powerful tool to help in educating church leaders and congregants on signs of abuse and examples of equality in intimate relationships.

<sup>343</sup> John S. McClure and Nancy J. Ramsay, eds., *Telling the Truth: Preaching about Sexual and Domestic Violence* (Cleveland: United Church Press, 1998).

helpless, and even incoherent. Having a robust safeguarding church policy in place with specific guidelines to be followed when abuse occurs is also a vital step in handling crisis situations as caregivers can easily be uncertain as to how to respond.<sup>344</sup>

The first thing to do in a crisis is to establish relationship with the woman who is disclosing abuse by listening with respect and empathy, believing her experience as valid and real, and assuring her it is not her fault.<sup>345</sup> As a pastor or lay leader it is important to also acknowledge if you are a mandated reporter required to tell authorities about disclosed abuse, as well as your limitations of how you can help. With the latter in mind, a previously developed list of referrals to domestic violence shelters, abuse-trained therapists, and other emergency health resources is an indispensable resource so you can refer the woman to experts who are licensed and equipped to provide support.<sup>346</sup> Before referring the woman who has experienced assault, establish whether there are children involved and if there is immediate danger.<sup>347</sup> Safety is absolutely the chief concern in abuse situations, so be cognizant that any intervention can heighten the risk to the survivor and her children. That being said, if the survivor feels she is in danger, consult your referral list for available options such as police, an emergency room, local shelters, or possibly trained church members who can hide her until more long-term solutions can be attained.

Throughout these steps of listening with empathy, assessing for safety, and considering plausible interventions, a crucial aspect that should guide this process is the

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<sup>344</sup> Doebling, *The Practice of Pastoral Care*, 176-177.

<sup>345</sup> Neuger, *Counseling Women*, 94; Pamela Cooper-White, *The Cry of Tamar: Violence Against Women and the Church's Response*, 2<sup>nd</sup> edition (Minneapolis: Fortress Press, 2012), 144-145.

<sup>346</sup> Miles, *Violence in Families*, 142-157; Kroeger and Nason-Clark, *No Place for Abuse*, 74-75; Neuger, *Counseling Women*, 119; Cooper-White, *The Cry of Tamar*, 146.

<sup>347</sup> Neuger, *Counseling Women*, 116-119; Cooper-White, *The Cry of Tamar*, 144-145.



expressed needs and wants of the survivor as well as her permission for any action to be taken.<sup>348</sup> Remembering the likelihood of further violence or even death occurring when a woman stands up for herself against an abuser, we must proceed cautiously and with the assurance of confidentiality. Finally, ask for the woman's permission to record notes on your meeting, which may be of great assistance to her at a later date with any legal procedures she may need to go through. Ultimately, while it is up to the survivor to decide when and how to pursue her path to safety, freedom, and healing, the church that provides such compassionate, insightful, and empowering support in the midst of a crisis will establish itself as a safe place for assistance and recovery.

### Recovery

The road of healing and transformation after experiencing intimate partner violence is frequently a long and complex journey. Many churches do not have a designated pastoral counselor and to the date of this writing, there are no free domestic violence recovery courses that integrate the essential trauma, theological, and spiritual elements for survivors to recover. Such a course is my personal mission to accomplish in the next four years; however, at this time there are still a number of practical and meaningful ways the church can assist the recovery of survivors in their faith and local community.

Beyond the previously outlined steps of developing a referral list, churches can make a significant impact by devoting and raising funds to assist survivors, provide a counselor or trained lay leader to facilitate a listening support group, make print resources available, provide housing, food, and childcare if needed, or connect her with legal and public services for survivors. Given that a lack of finances is the most substantial barrier

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<sup>348</sup> Cooper-White, *The Cry of Tamar*, 146.

to leaving an abusive relationship,<sup>349</sup> churches that come together as a community to pool their resources for the benefit of survivors can change a survivor's lifelong development, making possible her flourishing.

An essential role for clergy and lay leaders is to empower and equip survivors to understand that God abhors the abuse of women, and fully supports them taking action to separate from or divorce an abusive partner for their safety and healing.<sup>350</sup> Many survivors of faith will undoubtedly wrestle with deep theological questions as they experience and grapple with significant spiritual suffering. In such cases, pastors and church leaders should proceed with compassionate listening and refrain from providing quick answers and prayers that may silence the survivors' voice.<sup>351</sup> Privileging the agency and voice of survivors is a significant means of empowerment that also recognizes the dangers and complexities of venturing into the deep waters of theological and spiritual matters. Taking the stance of exploring the Bible with survivors to uncover God's word for abused women, rather than giving blanket answers can powerfully nurture survivors' liberty in recovering spiritually. Additionally, when an appropriate time to enter into such theological discussions and spiritual practices has been mutually discerned by clergy and survivors together, it is helpful to refer to established Christian practices of healing that are also evidentially supported means of healing.<sup>352</sup>

Finally, an important step is to take action to hold abusers in the church accountable, and aligning responsibility for the abuse solely with the perpetrator is

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<sup>349</sup> Kroeger and Nason-Clark, *No Place for Abuse*, 58.

<sup>350</sup> Ibid., 174-187.

<sup>351</sup> Doebling, *The Practice of Pastoral Care*, 53-72.

<sup>352</sup> For specific Christian practices including breathing and meditation practices, listening and inner healing prayer, please see Ally Moder, *Reconsolidating Trauma Memories Through Contemplative Practice: Inner Healing Prayer for Christian Women Survivors of Domestic Violence* (Pasadena: Claremont School of Theology, 2016).

essential.<sup>353</sup> Any action taken towards the abuser must prioritize the woman's safety and be made with her permission. Whatever steps are taken in the pursuit of recovery, remember that empowering a survivor takes time, patience, compassion, and a diversity of resources, but such an investment is a tangible illustration of God's special love that is urgently required from the church today.

### Summary

Intimate partner violence is a prolific and multifaceted experience that many women in the church will suffer, and as such, it is essential for those providing pastoral care to understand the effects of abuse. The trauma impact on these survivors often persists long after the abusive relationship ends, and the complexities of the resulting and enduring health risks present multifarious challenges. With a solid understanding of the various types of abuse, and the damaging health problems this form of trauma causes, a foundation is laid on which faith communities can build practical steps of care. As many Christian female survivors do look to the church for support, the role of pastoral care engaging the tangible reality of intimate partner violence is of vital importance. In addition to advocating in the larger sociocultural spheres that contribute to oppressing women, and addressing the patriarchal theology and practices of the church, pastoral caregiving involves the local church community in working to prevent, support in crisis situations, and nurture recovery. As we will discover in the final section of this chapter, Christian clergy and lay leaders can cultivate the church as a safe place for survivors by offering a free recovery course to aid their healing.

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<sup>353</sup> Kroeger and Nason-Clark, *No Place for Abuse*, 98-102.

## FREE TO HEAL:

## A RECOVERY COURSE FOR SURVIVORS OF IPV

Throughout this dissertation I have utilized feminist theology, narrative and trauma theories, psychology, and neuroscience to develop a multidisciplinary approach to the recovery of survivors of domestic or intimate partner violence. Using a lens of Christian theological anthropology for the understanding of human development and transformation into the *imago Dei*, this recovery curriculum will initially be developed for the recovery of women in evangelical churches in Canada, the U.S., and the U.K. Integrating scientifically-proven neuroscience and trauma-informed practices of care, my research aims to facilitate awareness, education, advocacy, and support systems for evangelical communities of faith to enable women in and beyond their churches to be free to heal. This next section represents the initial outline of the domestic violence recovery course curriculum, formatted from the perspective of a church offering the Free To Heal course to survivors in their church and local context. While the content of each session is listed in a cursory format, it will be outlined fully in the published version of Free To Heal. Conclusively, then, a brief presentation of this survivor-focused course offering is made—including the topical content of the Free To Heal sessions—and followed by my model of Inner Healing Prayer as a means of memory reconsolidation.<sup>354</sup> As we have already discussed, neuroscience reveals that intentionally engaging in contemplative practices can change our brains, fostering healing, transformation, and a greater capacity to live more spiritually-infused lives as the *imago Dei*. For survivors of domestic violence, then, neuroscience is a lens that proves that we can create new neural

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<sup>354</sup> Chapter 3 explored in detail the neuroscience behind my proposal that Inner Healing Prayer could be employed by pastoral caregivers in such a way that fragmented trauma memories are reprocessed and towards an integrated self in the compassionate presence of Jesus Christ.

pathways through regular practices, including breathing, mindfulness, Listening and Inner Healing Prayer, amongst others. For the purpose of the Free To Heal course, then, the first two exercises provide the introduction to the latter two Christ-centered practices, effectively grounding the survivor in embodied safety and peace before they engage the limbic system and implicit memories. Through weekly practice of these integrated, embodied tools of spirituality, then, survivors are enabled towards recovery by healing their trauma memories and triggered affect. This is the foundation of the embodied spiritual practices of Free To Heal, embedded within a twelve-week program of theological and psychological content developed towards a holistic, rich dialogue of trauma healing, identity transformation, and relationality development between self, God, and others in the pursuit of reforming the *imago Dei* for survivors.

## IPV Violence Recovery Curriculum Outline

### **FREE TO HEAL: A Recovery Course for Women Survivors of Domestic Violence**

#### **LOCATION:**

Pasadena, CA [Email for details]

#### **COST:**

Free—\$50 [On a sliding scale] – includes all materials

#### **DATES:**

Monday, 9 January 2019: 7.00pm to 9.30pm  
 Monday, 16 January 2019: 7.00pm to 9.30pm  
 Monday, 23 January 2019: 7.00pm to 9.30pm  
 Monday, 30 January 2019: 7.00pm to 9.30pm  
 Monday, 6 February 2019: 7.00pm to 9.30pm  
 Monday, 13 February 2019: 7.00pm to 9.30pm  
 Monday, 20 February 2019: 7.00pm to 9.30pm  
 Monday, 27 February 2019: 7.00pm to 9.30pm  
 Monday, 6 March 2019: 7.00pm to 9.30pm  
 Monday, 13 March 2019: 7.00pm to 9.30pm  
 Monday, 20 March 2019: 7.00pm to 9.30pm  
 Monday, 27 March 2019: 7.00pm to 9.30pm

#### **DURATION:**

12 weeks

#### **LED BY:**

Ally Kern

#### **CONTACT EMAIL:**

[courses@freetoheal.org](mailto:courses@freetoheal.org)

#### **CONTACT TELEPHONE:**

FREE-TO-HEAL (373-380-4325)

#### **EVENT ATTRIBUTES:**

Tea & Coffee  
 Childcare

### **WHO IS THE FREE TO HEAL COURSE FOR?**

This 12-week course is intended for women who are Christians, and have experienced domestic violence and who wish to receive healing and transformation following abuse. It works best for those who are no longer being abused, although it may be open to women who remain in an abusive relationship. We will look at what constitutes intimate partner violence in marriage and dating relationships, the role of faith in abuse and as an avenue for healing, how to cope with triggers, as well as healing prayer.

The course offers a safe place for women to share their experiences in a small group setting, and to step-by-step work through painful experiences and emotions. Confidentiality is always respected.

## WHAT IS THE FORMAT OF THE COURSE?

The course is run over 12 weekly sessions, or may be run over 10 weeks with a full Saturday for Session 6 & 7. Tea and coffee is provided at the beginning of each course evening. This is followed by a talk with opportunity for discussion/sharing and prayer in small groups. The small groups are led by people who have gone through domestic violence training, many of whom are survivors as well. The setting is welcoming, relaxed and unthreatening.

Due to confidentiality, only the Course Leader will be given your name. It is important that you register, as details of where the course is run will only be given to registered participants. You can register with your first name only, if you prefer.

Please feel free to contact the Courses Team on [courses@freetoheal.org](mailto:courses@freetoheal.org) if you have any questions prior to the start of the course. Please ask if you would like information on Christian counsellors.

## WHAT DOES THE FREE TO HEAL COURSE COVER?

Topics covered include:

- Session 1: God, the Bible, and Violence
- Session 2: Domestic Violence / Intimate Partner Violence Defined
- Session 3: The Impact of Trauma
- Session 4: Shame and Guilt
- Session 5: Your Body and Trauma
- Session 6: Connected to Self
- Session 7: Connected to God
- Session 8: Connected to Others
- Session 9: Forgiveness and Justice
- Session 10: Hope: Imagining the Future
- Session 11: Forward in Freedom: Coping with Triggers
- Session 12: Survivor Leader: Living Compassionately in the World

The cost of the course includes all materials, *but is free for those not able to pay.*

## PLEASE NOTE:

1. If you are seeing a therapist or taking medication prescribed by your doctor, please discuss your participation on this course with them. The material addresses the trauma of abuse and may be challenging.
2. While many people find a group environment helpful and supportive, it may not be appropriate for everyone. If you have any concerns about this, please contact the course administrator.

## **Free To Heal: Course & Practices Outline**

### **Session 1: God, the Bible, and Violence**

- Theory: Feminist Theology
- Skill: Safety Plan
- Practice: Mindful Breathing and Listening Prayer

### **Session 2: Domestic Violence / Intimate Partner Violence Defined**

- Theory: Trauma Theory and DV/IPV
- Skill: Knowledge of emotional, physical, sexual, financial, and spiritual abuse
- Practice: Mindful Breathing and Listening Prayer

### **Session 3: The Impact of Trauma**

- Theory: Trauma theory and Neuropsychology
- Skill: Awareness of body, mind, and soul/spirit responses to trauma
- Practice: Mindful Breathing and Listening Prayer

### **Session 4: Shame and Guilt**

- Theory: Psychology and Theology of Malformed Personhood
- Skill: Understanding the shame and guilt of DV/IPV
- Practice: Mindful Breathing and Inner Healing Prayer

### **Session 5: Your Body and Trauma**

- Theory: Neurophysiology
- Skill: Understanding the body's response to trauma and practices that heal
- Practice: Mindful Breathing and Inner Healing Prayer

### **Session 6: Connected to Self**

- Theory: Attachment and Narrative Therapy
- Skill: Knowledge of emotional, physical, sexual, financial, and spiritual abuse
- Practice: Mindful Breathing and Inner Healing Prayer

### **Session 7: Connected to God**

- Theory: Attachment and Narrative Therapy, Feminist Theology
- Skill: Understanding of the Triune God of mutuality and equality
- Practice: Mindful Breathing and Inner Healing Prayer

### **Session 8: Connected to Others**

- Theory: Attachment and Narrative Therapy, Interpersonal Neurobiology
- Skill: Reforming attachment pattern to identified safe people, building a support network
- Practice: Mindful Breathing and Inner Healing Prayer

### **Session 9: Forgiveness and Justice**

- Theory: Feminist and Liberation Theology
- Skill: Understanding the difference between forgiveness, repentance, and reconciliation; biblical and practical understanding of justice
- Practice: Mindful Breathing and Inner Healing Prayer



### **Session 10: Hope: Imagining the Future**

- Theory: Narrative Therapy and Theology
- Skill: Embodied practice of imagining one's cohesive future narrative
- Practice: Mindful Breathing and Inner Healing Prayer [future focused]

### **Session 11: Forward in Freedom: Coping with Triggers**

- Theory: Psychology and Trauma Theory
- Skill: Understanding trauma triggers and knowledge of coping skills
- Practice: Mindful Breathing and Inner Healing Prayer

### **Session 12: Survivor Leader: Living Compassionately in the World**

- Theory: Feminist Theology and Narrative Therapy
- Skill: Identifying one's own calling to embody compassion for others
- Practice: Mindful Breathing and Inner Healing Prayer

## **A Model for Inner Healing Prayer as Memory Reconsolidation**

### **Phase 1: Grounding Exercises in Embodied Safety**

1. *Breathing*—The facilitator leads the survivor in slow and deep breathes
2. *Mindfulness of the present moment*—The facilitator grounds the survivor in their body, the room, external sounds of the present moment
3. *Imagining a Safe/Peaceful*—The facilitator invites the survivor to vividly imagine a place in their mind—a real or made up place—where they feel perfectly safe and at peace
4. *Inviting Jesus to be present with the survivor in their Safe/Peaceful Place*—The facilitator invites the survivor to ask Jesus to be with them (in whatever way feel safe to envision, such as the affect of compassion or love, in the form of a golden retriever, or the human form of Jesus as a man, etc.)

### **Phase 2: Recalling, Reforming, and Reconsolidating Trauma Memory**

1. *Memory Recall*—The facilitator invites the survivor to vividly recall an abuse memory of their own choosing (as they feel safe to do so)
2. *Continued grounding*—The facilitator continues to encourage the survivor to breathe and reminds them of the present, and their freedom to stay or leave the memory, especially if the survivor is experiencing extreme or intolerable distress
3. *Jesus in the Abuse Memory*—The facilitator invites the survivor to ask Jesus to be present with them in the memory of the abuse
4. *Narrating the Abuse*—The facilitator invites the survivor to describe their thoughts, feelings, and beliefs about their abuse memory as they experienced it when it happened originally
5. *Jesus Interacts with the Abuse Memory*—The facilitator invites the survivor to ask Jesus to show her where he was in the room/place when the abuse happened, and to tell her what he thought, felt, or believed to be true about her and her experience of abuse.

6. *Stay with Jesus*—The facilitator encourages the survivor to stay present to Jesus' compassionate presence (in words, emotions, facial expression etc.) until she feels released from the trauma of the memory and can leave with Jesus (or until she feels it is resolved in a way she can hold compassionately towards her self).

### **Phase 3: Storytelling as Reconstructing a Transformed Self**

1. *Grounding in the Present Moment*—The facilitator invites the survivor to slowly bring awareness back to her self in the present moment when she feels ready
2. *Narrating the Transformed Memory*—The facilitator invites the survivor to tell her revised story of the trauma memory with Jesus' compassion
3. *Future-focused*—The facilitator asks the survivor what truth Jesus revealed to her about her self and about the abuse that she wants to hold with her moving forward

## **CONCLUSION**

Reforming one's identity as the *imago Dei* after the trauma of intimate partner violence is a complex, multifaceted, and challenging journey of healing, as this dissertation has explored. With the good news that God cares deeply about the safety of women and their freedom from abuse, a pastoral theological framework and praxis of pastoral care for survivors has been presented in this dissertation. This research has demonstrated that while this interdisciplinary approach integrating neuropsychospirituality with a feminist pedagogical approach of narrative inquiry and therapy is liberating for female survivors, it is important to recognize that there are no simple answers or solutions to preventing, responding to, or recovering from domestic abuse. Still, it is immensely hopeful to know that survivors need not struggle in silence within their church communities, but that with the compassionate, intentional caregiving of pastors and the church body, their fragmented pieces of self can be transformed into the beloved *imago Dei* through embodied experiences of Christ.

**APPENDIX A**

**RESEARCH PARTICIPANT QUESTIONNAIRE**

1. How would you rate your sense of Self after today's session?

1	2	3	4	5
Very low	Low	Moderate	Good	Very Good

2. I am critical of myself and feel anxious about doing things wrong.

1	2	3	4	5
Strongly Disagree		Moderate		Strongly Agree

3. My memories of abuse are painful and negatively impact my life.

1	2	3	4	5
Strongly Disagree		Moderate		Strongly Agree

4. I have discovered that I am stronger and more capable than I previously thought I was.

1	2	3	4	5
Strongly Disagree		Moderate		Strongly Agree

5. I feel that I have a better/more helpful understanding of my experience(s) of abuse.

1	2	3	4	5
Strongly Disagree		Moderate		Strongly Agree

6. I have more hope for my future than I did previously.

1	2	3	4	5
Strongly		Moderate		Strongly
Disagree				Agree

7. How did the memory you processed today *change* as a result of Inner Healing Prayer?

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7. How did interacting with God in Inner Healing Prayer impact your sense of Self? In what ways do you feel differently about your Self now?

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8. How did your understanding of your experience(s) of abuse from your former partner change?

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